

<i>SERFF Tracking Number:</i>	<i>WSST-126532763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45320</i>
<i>Company Tracking Number:</i>	<i>CL 87 1006</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Voyager/MDT</i>		
<i>Project Name/Number:</i>	<i>CLIC/Voyager/MDT/CL 87 1006</i>		

Filing at a Glance

Company: Columbus Life Insurance Company		
Product Name: CLIC/Voyager/MDT	SERFF Tr Num: WSST-126532763	State: Arkansas
TOI: L09I Individual Life - Flexible Premium	SERFF Status: Closed-Approved-	State Tr Num: 45320
Adjustable Life	Closed	
Sub-TOI: L09I.001 Single Life	Co Tr Num: CL 87 1006	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Megan Thomas	Disposition Date: 04/09/2010
	Date Submitted: 03/31/2010	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name: CLIC/Voyager/MDT	Status of Filing in Domicile: Pending
Project Number: CL 87 1006	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/09/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/09/2010
Deemer Date:	Created By: Megan Thomas
Submitted By: Megan Thomas	Corresponding Filing Tracking Number:
Filing Description:	
RE: CL 87 1006 Flexible Premium Adjustable Life Insurance Policy	
Columbus Life Insurance Company	
NAIC # 99937	
FEIN 31-1191427	

The above referenced form is being submitted in "John Doe" fashion for review and approval. This policy is similar and will replace previously approved form CL 87 0707 AR, which was approved by your department on 04/03/2007, state tracking number 35500.

<i>SERFF Tracking Number:</i>	<i>WSST-126532763</i>	<i>State:</i>	<i>Arkansas</i>
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Form CL 87 1006 AR will be individually marketed through licensed agents. The form will be marketed with an illustration. This policy will be available to individuals interested in purchasing universal life policies, as outlined in the actuarial memorandum. The key target market includes individuals interested in permanent life insurance protection for estate planning.

Description of Policy CL 87 1006 AR

Form CL 87 1006 AR is a Flexible Premium Adjustable Life Insurance Policy. It is targeted at individuals in estate planning and death benefit oriented sales by focusing on the maximum guaranteed death benefit for a level premium.

Key Elements

1. New Specified Amount band \$25,000 - \$99,999
2. Added Durational guarantee periods chosen at issue. The selected durational guarantee cannot be changed after issue
3. Policy will have no stated maturity date. Premium payments and policy charges will continue to attained age 120
4. The option to choose between the Guideline Premium Test (GPT) and the added Cash Value Accumulation Test (CVAT) as the definition of Life insurance under the Internal Revenue Code. This option is elected at time of issue and cannot be changed after the policy is issued

Two sets of Schedule Pages are being included for your review. Each set of Schedule Pages demonstrates the available No-Lapse Guarantee Period: Lifetime or Payable to Age 90 [95]. The policyholder will only receive one set of Schedule Pages, depending on which No-Lapse Guarantee Period is chosen. All supporting documents are consistent with the No-Lapse Guarantee Period of Lifetime.

Actuarial Memorandum and Demonstration

We have enclosed an Actuarial Memorandum and corresponding demonstration proving compliance.

Statement of Variability

Schedule Pages are completed in John Doe fashion and contain bracketed material. Material on Schedule Pages is considered variable and is subject to change in accordance with the circumstances of an individual Owner or a class of Owners.

Previously Approved Forms to be used with Contract:

We intend to use the following previously approved forms:

Form No	Form Name	Approval Date	State Filing No.
CLR-61	War Risks Exclusion Rider	8/6/1991,	N/A

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CLR-135 0101 Children's Term Rider 12/14/2000 , N/A
CLR-136 0101 Accidental Death Rider 12/14/2000, N/A
CLR-137 0101 Accelerated Death Benefit Rider 12/14/2000, N/A
CLR-138 0101 Insured Insurability Rider 12/14/2000, N/A
CLR-144 0101 Aviation Exclusion Rider 2/8/2001, N/A
CLR-146 0101 Military Aviation Exclusion Rider 2/8/2001, N/A
CLR-160 0308 A Change of Insured Rider 8/14/2003, 23794
CLR-173 0707 Enhanced Cash Value Rider 4/3/2007, 35498
CLR-174 0707 Disability Credit Rider 4/3/2007, 35498
CLR-177 0707 Other Insured Rider 4/3/2007, 35498
CLR-179 0707 Accelerated Death Benefit Rider 8/6/2007, 36550

Application

Application CL 45.300-A (6/09) approved on 12/3/2009, state tracking number 44202 will be used with this policy.

A copy of the previously approved form is included for informational purposes.

Readability and Certifications

These forms have been scored for readability. A readability certification and other required certifications are attached.

Format

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, typographical errors, printing in the form of a booklet and formatting pages to conform to our printer requirements. No change in language will occur.

We look forward to your review and approval.

Company and Contact

Filing Contact Information

Megan Thomas, Product & State Filing Analyst Megan.Thomas@wslife.com
400 Broadway 513-361-6824 [Phone]
Cincinnati, OH 45202 513-357-4123 [FAX]

Filing Company Information

Columbus Life Insurance Company	CoCode: 99937	State of Domicile: Ohio
400 East Fourth Street	Group Code: 836	Company Type: Life
Cincinnati, OH 45202	Group Name: West-Southern	State ID Number:

SERFF Tracking Number: W SST-126532763 State: Arkansas
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Group
(800) 446-0795 ext. [Phone] FEIN Number: 31-1191427

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50 per form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbus Life Insurance Company	\$50.00	03/31/2010	35292888

SERFF Tracking Number:	WSST-126532763	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/09/2010	04/09/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/06/2010	04/06/2010	Megan Thomas	04/06/2010	04/09/2010

<i>SERFF Tracking Number:</i>	<i>WSST-126532763</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 04/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	WSST-126532763	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Additional Actuarial Information		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Rates Certification		Yes
Supporting Document	Rule and Regulation 19		Yes
Supporting Document	Rule and Regulation 34		Yes
Form (<i>revised</i>)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes

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Product Name:	CLIC/Voyager/MDT		
Project Name/Number:	CLIC/Voyager/MDT/CL 87 1006		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/06/2010
Submitted Date	04/06/2010
Respond By Date	

Dear Megan Thomas,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: We did not find a provision in the contract for the payment of 8% interest on delayed claim payments exceeding thirty (30) days from the date proof of death has been furnished as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number:	CLIC/Voyager/MDT/CL 87 1006		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/06/2010
Submitted Date	04/09/2010

Dear Linda Bird,

Comments:

Thank you for your letter dated April 6, 2010 and telephone conversation on April 6, 2010.

Response 1

Comments: We have included the following language in the fourth paragraph of the How We Pay provision on page 16 of the contract: We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed thirty days, after we receive proof of death. The rate will be at an annual rate of 8%, payable from the date of death to the date of payment. If payment is to be made under an Income Plan, "date of payment" will be the effective date of the plan.

In addition, we deleted the fifth paragraph of the provision.

Related Objection 1

Comment:

We did not find a provision in the contract for the payment of 8% interest on delayed claim payments exceeding thirty (30) days from the date proof of death has been furnished as described in Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium	CL 87		Policy/Contract/Fraternal	Initial		50.000	R1 CL 87
Adjustable Life	1006 AR		Certificate				1006
Insurance Policy							AR.pdf

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<i>Product Name:</i>	<i>CLIC/Voyager/MDT</i>		
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Previous Version

<i>Flexible Premium</i>	<i>CL 87</i>	<i>Policy/Contract/Fraternal</i>	<i>Initial</i>	<i>50.000</i>	<i>CL 87</i>
<i>Adjustable Life</i>	<i>1006 AR</i>	<i>Certificate</i>			<i>1006</i>
<i>Insurance Policy</i>					<i>AR.pdf</i>

No Rate/Rule Schedule items changed.

We look forward to your continued review and approval.

Sincerely,
Megan Thomas

SERFF Tracking Number: W SST-126532763 State: Arkansas

Filing Company: Columbus Life Insurance Company State Tracking Number: 45320

Company Tracking Number: CL 87 1006

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: CLIC/Voyager/MDT

Project Name/Number: CLIC/Voyager/MDT/CL 87 1006

Form Schedule

Lead Form Number: CL 87 1006

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CL 87 1006 AR	Policy/Contract Certificate	Flexible Premium Adjustable Life Insurance Policy	Initial		50.000	R1 CL 87 1006 AR.pdf
	CL 87 1006 AR	Schedule Pages	Flexible Premium Adjustable Life Insurance Policy	Initial			CL 87 1006 SP AR - Lifetime.pdf CL 87 1006 SP AR - to Age.pdf



Life Insurance Policy

Coverage Provided By This Policy: We agree to pay the Death Benefit to the Beneficiary when We receive proof of the death of the Insured while this policy is in force, subject to the terms of this policy. The Death Benefit is explained in the **Death Benefit** section. During the Insured's lifetime, We will provide cash surrender value benefits and other important rights, as described in the policy.

This policy contains a no-lapse guarantee. We guarantee that this policy will not terminate or enter the Grace Period if You make the required minimum premium payments as described in the **Guarantee of Continued Coverage** section of the policy. If You do not pay at least the minimum premium payments on time, You may need to pay significantly higher premiums at a later time to keep the policy in force.

Thirty-Day Right To Examine the Policy (Free Look Period): Please read Your policy carefully. If You are not satisfied with it, You may return it to Us within 30 days after You receive it. Mail or deliver the policy to Us at Our Home Office ([P.O. Box 5737, Cincinnati, Ohio 45201-5737]) or to one of Our agents. The policy will be deemed void as though no application was made. We will promptly refund any premium paid.

This policy is a legal contract between You, as Owner, and Columbus Life Insurance Company.

Signed for Columbus Life Insurance Company at Cincinnati, Ohio.

[] ]
Secretary President and
Chief Executive Officer

Issued by a Stock Company

PLEASE READ YOUR POLICY CAREFULLY

Flexible Premium Adjustable Life Insurance Policy
Issued on Insured in Risk Class Shown on Policy Schedule
Death Benefit Payable at Death of Insured
No-Lapse Guarantee with Minimum Monthly Premium
Non-Participating

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Definitions

YOU AND YOUR. In this policy, You and Your refer to the Owner of the policy.

WE, OUR AND US. Columbus Life Insurance Company.

Basic Policy Terms.....

BENEFICIARY. The person or persons You have named to receive the Death Proceeds when the Insured dies.

COVERAGE LAYER. A Coverage Layer consists of all base policy and rider coverages that become effective on a single Monthly Anniversary Day. The first Coverage Layer consists of coverage effective on the Policy Date. An increase in base coverage creates another Coverage Layer. The addition of rider benefits may create another Coverage Layer.

DEATH BENEFIT. The amount We will pay to the Beneficiary under the base policy when We receive proof that the Insured died while this policy was in force.

DEATH PROCEEDS. The Death Benefit plus any insurance on the life of the Insured provided by riders, excluding any rider that includes its own beneficiary designation, less any Indebtedness, less any overdue Monthly Policy Charges.

INSURED. The person named on the application on whose life this policy provides insurance coverage.

MONTHLY ANNIVERSARY DAY. The day each month on which We deduct the Monthly Policy Charges. The initial Monthly Anniversary Day is the Policy Date.

OWNER. The person or persons who have all rights under this policy.

POLICY DATE. The issue date of the policy and the date from which policy months, years and anniversaries are measured.

POLICY MONTH. A Policy Month begins on a Monthly Anniversary Day and ends on the day before the Monthly Anniversary Day in the next calendar month. Policy Month 1 begins on the Policy Date.

POLICY SCHEDULE. The schedule pages of this policy or the most recent amended Policy Schedule We have sent You.

SPECIFIED AMOUNT. The amount of insurance coverage You have selected under the base policy, as shown on the Policy Schedule.

Premiums

NET PREMIUM. The amount of premium paid less the Premium Expense Charge and the State Tax Charge.

NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM. The amount of premium due on each Monthly Anniversary Day to assure the policy will not terminate or begin the Grace Period as described in the **Guarantee of Continued Coverage** section. The No-Lapse Guarantee Minimum Monthly Premium as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase or decrease if the rider has a cost. If Your Specified Amount increases or decreases after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase or decrease. We will send You an amended Policy Schedule showing the new No-Lapse Guarantee Minimum Monthly Premium following any such increase or decrease.

PLANNED PREMIUM. The amount and frequency of the premium You have indicated You plan to pay, as shown on the Policy Schedule.

PLANNED ADDITIONAL FIRST YEAR PREMIUM. The amount of additional premium You plan to pay at issue, as shown on the Policy Schedule.

TARGET PREMIUM. An amount of premium for a Coverage Layer for a policy year that We use to determine the Premium Expense Charge rate(s) applicable to each premium payment. The Target Premium for the initial Coverage Layer as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the Target Premium for Your policy will increase or decrease if the rider has a Target Premium associated with it. If You request an increase or decrease in Specified Amount after the Policy Date, the Target Premium for Your policy will increase or decrease. We will send You an amended Policy Schedule showing the new Target Premium following any such increase or decrease. The initial Target Premium depends on the age, sex and risk class of each insured person on the Policy Date. The Target Premium for a new Coverage Layer or for rider coverage You add will depend on the age, sex and risk class of each insured person on the effective date of the Coverage Layer or rider.

Values.....

ACCOUNT VALUE. The Account Value reflects Your financial interest in the policy. The **Account Value** provision explains how to calculate the Account Value.

CASH SURRENDER VALUE. The Account Value, less any applicable Surrender Charge.

INDEBTEDNESS. The amount of any outstanding policy loan(s) plus any accrued and unpaid loan interest.

NET AMOUNT AT RISK. The amount of the Death Benefit for which We are at risk. The Net Amount at Risk on any Monthly Anniversary Day is equal to:

- (1) the Death Benefit plus Indebtedness, divided by 1.0024663; minus
- (2) the Account Value after deduction of Monthly Policy Charges, other than the Cost of Insurance Charge, on that Monthly Anniversary Day.

NET CASH SURRENDER VALUE. The Cash Surrender Value less any Indebtedness.

Charges

COST OF INSURANCE CHARGE. An amount deducted from the Account Value each Monthly Anniversary Day to pay for the cost of insurance coverage under the base policy. The Maximum Monthly Cost of Insurance Charge Rates for each policy year are shown on the Policy Schedule.

PER \$1,000 CHARGE. An amount deducted on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy. The Maximum Monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule.

PER POLICY CHARGE. An amount deducted each Monthly Anniversary Day to partially cover Our expenses of administering the policy. The Maximum Monthly Per Policy Charge is shown on the Policy Schedule.

PREMIUM EXPENSE CHARGE. An amount deducted from each premium payment before it is credited to the policy to partially cover the costs of distributing the policy. The Maximum Premium Expense Charge rates are shown on the Policy Schedule.

STATE TAX CHARGE. An amount equal to the current applicable state premium tax rate that is deducted from each premium payment before it is credited to the policy. The Maximum State Tax Charge rate is shown on the Policy Schedule.

SURRENDER CHARGE. An amount deducted from the Account Value if this policy is surrendered or terminates when a Grace Period ends without sufficient premium or loan repayment being paid to keep the policy in force. The Surrender Charges that would apply in each policy month are shown on the Policy Schedule.

This Policy Is A Contract

This policy is a contract between You and Us to insure the life of the Insured. We have issued it in reliance on the statements made in the application and in consideration for the premiums paid to Us.

Whenever We refer to the policy, We mean the entire contract. The entire contract consists of:

- the base policy;
- the attached application;
- any attached supplemental applications; and
- any attached riders, endorsements or amendments.

Riders, endorsements and amendments add provisions or change the terms of the base policy.

Ownership

Owner, Contingent Owner and Joint Owner

You have all rights in this policy, subject to any assignment and to the rights of any irrevocable Beneficiary You have named to consent to a change of Beneficiary.

If You are not the Insured, You may name a contingent Owner. If You die before the Insured, ownership would then pass to the contingent Owner. If there is no contingent Owner, Your estate would become the Owner.

This policy may be owned by two persons as joint Owners. In that case, both joint Owners must consent in writing to the exercise of any rights under the policy. You do not need the consent of a contingent Owner or a revocable Beneficiary to exercise any of Your rights. If a joint Owner dies before the Insured, ownership would pass to the surviving joint Owner(s) under a right of survivorship, unless otherwise indicated in the application or in a change of ownership notice.

You may change the Owner, or change or revoke any contingent Owner designation, at any time by written notice to Us, subject to any applicable laws or regulations. The change will take effect on the date You signed the notice, or any other date You specify, but We will not be liable for any payments We make or actions We take before We receive the notice in form satisfactory to Us at Our Home Office. A change of Owner automatically revokes any contingent Owner designation. A change of Owner, or a change or revocation of a contingent Owner designation, does not automatically change or revoke a prior Beneficiary designation.

Beneficiary

Primary Beneficiary and Contingent Beneficiary

The Beneficiary is the person to whom We pay the Death Proceeds upon the Insured's death. Unless You change them later, the primary and contingent Beneficiaries are the persons named in the application. If no primary Beneficiary is still living when the Insured dies, We will pay the Death Proceeds to any contingent Beneficiary who is still living. If there is no surviving primary or contingent Beneficiary, We will pay You. If You were the Insured, We will pay Your estate. Unless an individual has been designated as an irrevocable beneficiary prior to assignment, the interest of any Beneficiary is subject to the rights of any assignee reflected on Our records.

Two or more persons may be named as primary Beneficiaries or contingent Beneficiaries. We will pay equal shares when there is more than one Beneficiary of the same class, unless You specify otherwise on the Beneficiary designation.

No revocable Beneficiary has rights under this policy until the Insured dies. An irrevocable Beneficiary cannot be changed without his or her consent.

You may change the Beneficiary at any time before the death of the Insured, subject to the rights of any irrevocable Beneficiary, by sending written notice to Us. The change will be effective as of the date You signed the notice, or other date You specify, but We will not be liable for any payments We make or other actions We take before the notice is received at Our Home Office.

Unless You have instructed otherwise, if the Beneficiary and the Insured both die and We cannot tell who died first, We will pay the Death Proceeds as if the Beneficiary had predeceased the Insured.

Death Benefit

Death Benefit

We will pay the Death Benefit as described in the ***Payment of Proceeds*** section within 60 days after We receive proof that the Insured died while this policy was in force, and any other proof that We may require in order to investigate the claim. The Beneficiary should contact Us at the Home Office or contact one of Our agents for instructions on how to file a claim.

Qualification as Life Insurance

In order to qualify as life insurance under applicable tax laws, Your policy must satisfy either the Guideline Premium Test or the Cash Value Accumulation Test. The test that You elected in Your application is shown on the Policy Schedule. The minimum death benefit factors shown on the Policy Schedule correspond to the test You selected. You may not change the test after the Policy Date.

Death Benefit Options

The Death Benefit will be one of the following two Options, as selected by You on the application and shown on the Policy Schedule, or as subsequently changed by You. The amount payable when We receive proof of death of the Insured will be the Death Benefit valued as of the Insured's date of death. Any premiums received by Us after such date will be refunded to You.

Option 1

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

Option 2

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Account Value plus the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

Your monthly Cost of Insurance Charge will be higher if You choose Death Benefit Option 2 because the Net Amount at Risk for Your policy will be higher. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.

Specified Amount and Death Benefit Option Changes

You may request a change in the Specified Amount or Death Benefit Option by sending notice to Us in writing at Our Home Office. Following Our approval of any such change, We will send You an amended Policy Schedule.

Increasing the Specified Amount

You may apply for an increase in the Specified Amount on a supplemental application. The maximum age at which You may request an increase is the maximum age at which we currently issue a new policy. The requested increase is subject to evidence of insurability satisfactory to Us. The minimum increase is shown on the Policy Schedule. Any increase We approve will be effective on the next Monthly Anniversary Day coinciding with or next following such approval, as shown on an amended Policy Schedule, subject to deduction of the first month's Cost of Insurance Charge for the increase from the Account Value of this policy. **An increase in Specified Amount will cause Surrender Charges to increase, which will reduce Your Net Cash Surrender Value. In addition, Cost of Insurance Charges, Per \$1,000 Charges and Premium Expense Charges will be higher. Therefore, the amount of premium You must pay to keep Your policy from terminating may increase.**

Decreasing the Specified Amount

At any time after the first policy year, You may request a decrease in the Specified Amount. Any decrease in the Specified Amount that You request will become effective on the first Monthly Anniversary Day after We receive Your request. The minimum decrease is shown on the Policy Schedule. The new Specified Amount must not be less than the minimum issue limit shown on the Policy Schedule at issue. We may limit the amount of the decrease to preserve the tax status of this policy as life insurance.

Any decrease You request will occur in the following order: first against the most recent increase in Specified Amount, if any; then in order against the next most recent increases; then finally against the initial Specified Amount.

Changing the Death Benefit Option

At any time after the first policy year, You may request a change in the Death Benefit Option. If You change the Death Benefit Option, We will increase or decrease the Specified Amount of Your policy such that the Death Benefit will be the same both immediately before and immediately after the change. If You request a change from Option 1 to Option 2, We will decrease the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. If You request a change from Option 2 to Option 1, We will increase the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. You may not make a change in the Death Benefit Option that would reduce the Specified Amount below the Minimum Issue Limit shown on the Policy Schedule.

If You change from Option 1 to Option 2, the Net Amount at Risk for Your policy will not decrease over the life of the policy as it might have under Option 1, so You may pay higher monthly Cost of Insurance Charges in later policy years. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.

***Premium
Payment******Payment of Premiums***

You may make premium payments under this policy during the lifetime of the Insured. The Minimum Premium Payment is shown on the Policy Schedule. There is no maximum premium payment amount except We may refuse to accept any premium payment which would:

- (1) cause this policy to fail to qualify as life insurance under federal tax laws, unless such premium is required to keep the policy in force; or
- (2) increase the Net Amount at Risk for Your policy.

For this policy to take effect, the first premium paid must equal at least the No-Lapse Guarantee Minimum Monthly Premium as shown on the Policy Schedule for the Selected No-Lapse Guarantee. Premiums after the first are payable at Our Home Office.

Planned Premiums

Your Planned Premium and Planned Additional First Year Premium, if any, are shown on the Policy Schedule, but You are not required to make premium payments according to a set schedule. You may skip a Planned Premium payment, and You may change the frequency and the amount of the Planned Premium shown.

The amount and frequency of Your premium payments will affect Your policy values and the length of time for which You have insurance coverage. If Your Planned Premium is not enough to keep Your policy in force, You may need to change Your Planned Premium or make additional premium payments to keep Your policy from terminating.

Discontinuance of Premium Payments; Continuation of Insurance

If premium payments are not continued, insurance coverage under this policy and any benefits provided by rider will be continued until the policy lapses as described below in the ***Grace Period and Termination of Coverage*** provision. No rider will be continued beyond the termination date provided in the rider.

Grace Period and Termination of Coverage

Except as described below in the ***Guarantee of Continued Coverage*** section, on any Monthly Anniversary Day when the Net Cash Surrender Value is less than the sum of the Monthly Policy Charges for the current month, We will allow a Grace Period. We will mail You, and anyone shown on Our records as holding this policy as collateral, a notice indicating the minimum premium You must pay in order to keep the policy in force. The amount of premium needed to keep this policy in force will be the lesser of:

- (1) an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all Monthly Policy Charges due through the end of the Grace Period; or
- (2) the minimum premium needed under the ***Guarantee of Continued Coverage*** section to keep the policy in force through the end of the Grace Period.

You will have 61 days from the date We mail You this notice to pay or mail enough premium. If You do not pay or mail the needed premium within the 61-day Grace Period, all coverage provided by this policy will terminate without value at the end of the 61-day period. Any payments sent by U.S. mail shall be postmarked within the Grace Period. If the Insured dies during the Grace Period, the proceeds paid will be reduced by the amount of any unpaid charges due through the date of death, not to exceed three times the sum of the Monthly Policy Charges, or the amount of minimum premium needed under the ***Guarantee of Continued Coverage*** section to keep the policy in force through the date of death, if less. We will not terminate this policy until at least 61 days after We mail You and anyone shown on Our records as holding this policy as collateral, notice at the last addresses shown on Our records.

Reinstatement

If the Grace Period expires and Your policy terminates because You have not paid the needed premium, You may apply to reinstate the policy within five years after the expiration of the Grace Period if the Insured is still living. The reinstatement is subject to evidence of insurability satisfactory to Us.

The amount of premium needed to reinstate this policy will be the lesser of:

- (1) An amount of premium which will result in a Net Cash Surrender Value sufficient to pay all accrued and unpaid costs and charges that would have been subtracted from the Account Value if there had been sufficient value on each Monthly Anniversary Day accrued through the end of the Grace Period, plus an amount sufficient to cover the Monthly Policy Charges for three months beyond the date of reinstatement; or
- (2) The minimum premium needed under the **Guarantee of Continued Coverage** section to keep the policy in force for three months beyond the date of reinstatement as if there had been no lapse.

You must also repay or reinstate any Indebtedness that existed at the time of the termination. The reinstatement will be effective on the Monthly Anniversary Day on or following the date the application for reinstatement is approved by Us. The Account Value on the date of reinstatement, prior to the crediting of any Net Premium paid on the reinstatement, will be equal to the Account Value on the date the policy terminated.

Following a reinstatement, Surrender Charges will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

Guarantee of Continued Coverage

Selected No-Lapse Guarantee

The Selected No-Lapse Guarantee is shown on the Policy Schedule.

During the Selected No-Lapse Guarantee Period shown on the Policy Schedule, We guarantee that this policy will not terminate or begin the Grace Period if, on the Monthly Anniversary Day a Grace Period would otherwise begin, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including withdrawal fees), plus interest accrued daily on the balance at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium for the Selected No-Lapse Guarantee in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse

Alternative No-Lapse Guarantee

This provision is not applicable to Your policy if Your Selected No-Lapse Guarantee is lifetime.

If Your Selected No-Lapse Guarantee is other than lifetime, You may choose to pay additional premium to guarantee coverage for the Insured's lifetime. See the No-Lapse Guarantee page in the Policy Schedule for information on payment requirements including the No-Lapse Guarantee Continuation Premium and the No-Lapse Guarantee Minimum Monthly Premium.

The No-Lapse Guarantee Continuation Premium is the amount of additional premium required to pass the Alternative No-Lapse Guarantee test below at the end of the Selected No-Lapse Guarantee Period. The Maximum No-Lapse Guarantee Continuation Premium is shown on the Policy Schedule. Subsequent additional premium may be required to pass the Alternative No-Lapse Guarantee test on future Monthly Anniversary Days.

You may choose to pay the No-Lapse Guarantee Continuation Premium prior to the end of the Selected No-Lapse Guarantee Period, in which case the No-Lapse Guarantee Continuation Premium will be less than the Maximum No-Lapse Guarantee Continuation Premium. If You choose to pay additional premium for the Alternative No-Lapse Guarantee, please contact Us for the amount of additional premium to pay.

Beginning on the Policy Date and continuing for the lifetime of the Insured, We guarantee that this policy will not terminate or begin the Grace Period if, on the Monthly Anniversary Day a Grace Period would otherwise begin, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including Withdrawal Fees), plus interest accrued daily on the balance at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium for the Alternative No-Lapse Guarantee in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

It is important to review Your Annual Report and its No-Lapse Guarantee Values because Your policy value at the end of the guarantee period may be insufficient on a guaranteed basis to keep the policy in force unless an additional premium payment is made at that time.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse.

Policy Values

Account Value

The Account Value on the Policy Date shall be the Net Premium received for this policy on or before the Policy Date less the Monthly Policy Charges due on the Policy Date. On any other day, the Account Value will be:

- (1) the Account Value on the preceding Monthly Anniversary Day plus interest thereon to the current day; plus
- (2) any Net Premium received since the preceding Monthly Anniversary Day and interest thereon from the date of receipt to the current day; less
- (3) any withdrawal (including any withdrawal fee) paid since the preceding Monthly Anniversary Day and interest thereon from the date of payment to the current day; less
- (4) any Monthly Policy Charges due.

Interest Rate

Your Account Value will earn interest. Interest will be credited to Your Account Value on each day after the Policy Date as described in the ***Account Value*** provision. We guarantee that this interest rate will never be less than the effective annual rate shown on the Policy Schedule as the Minimum Guaranteed Interest Rate. We may, but are not required to, credit interest at current rates in excess of the guaranteed rate. Any such current interest rate will be determined by a prospective (not retrospective) assessment by Us of investment conditions. The current interest rate may vary by the size of the Account Value and the length of time the policy has been in force. We can apply a different rate of interest to that portion of the Account Value that is equal to Indebtedness, but it cannot be less than the Minimum Guaranteed Interest Rate.

Cash Surrender Value

The Cash Surrender Value of this policy is the Account Value, less any applicable Surrender Charge, as described in the ***Surrender Charge*** provision.

Net Cash Surrender Value

The Net Cash Surrender Value of this policy is the Cash Surrender Value less the amount of any Indebtedness.

Withdrawal

At any time after the first policy year, You may withdraw part of the Account Value of this policy by written notice to Us. The minimum amount of any withdrawal is shown on the Policy Schedule. No withdrawal can be made which would reduce the Net Cash Surrender Value to less than the Minimum Net Cash Surrender Value shown on the Policy Schedule. We will charge a Withdrawal Fee for each withdrawal after the first in a policy year. The amount of the Withdrawal Fee is shown on the Policy Schedule.

The amount withdrawn (including any applicable withdrawal fee) will be deducted from the Account Value. A deduction from the Account Value will reduce the Death Benefit.

In addition, unless the Death Benefit is Death Benefit Option 2, We will reduce the Specified Amount to the extent necessary such that the difference between the Death Benefit and the Account Value will be no greater immediately after the withdrawal than it was before the withdrawal. You may not make a withdrawal that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

We may defer the payment of any withdrawal for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Full Surrender

You may surrender this policy for the Net Cash Surrender Value by written notice to Us. The amount We pay to You will be the Net Cash Surrender Value as of the date We process the written notice. We will pay proceeds as described in the ***Payment of Proceeds*** section.

Upon surrender within 30 days of a policy anniversary, the Cash Surrender Value under the policy will not be less than the Cash Surrender Value on such anniversary.

Loans

Right to Borrow and Maximum Loan

You may request a loan from Us. The maximum cumulative loan amount available under this policy, including any Indebtedness, may not exceed the Cash Surrender Value, less an amount equal to the Monthly Policy Charges for the next two months, and less the amount of loan interest on such maximum cumulative loan to the next policy anniversary. Indebtedness is secured by a first lien on this policy and any amounts payable under this policy. This policy will be the only security We require for the loan.

We may delay granting any loan for up to six months except for a loan to pay premiums on this policy or any other policy We issue. Any delay will be on a nondiscriminatory basis toward You.

Loan Interest

The Maximum Loan Interest Rate We charge is shown on the Policy Schedule. Loan interest is charged in arrears and is due on each Policy Anniversary and on the date the loan is repaid in full. The amount of any loan interest charged on the loan that is not paid when due will be treated as an additional loan.

Policy Termination

If the Indebtedness exceeds the Cash Surrender Value on any Monthly Anniversary Day, We will terminate this policy. We will not do this, however, until 61 days after We mail notice to You indicating the minimum amount of loan repayment that must be made in order to keep this policy in force. We will mail the notice to You, and to anyone shown on Our records as holding this policy as collateral, at the last addresses shown on Our records. A termination under this provision will not reduce the Grace Period described in the ***Grace Period and Termination of Coverage*** provision.

Repaying Loans

Loans can be repaid in whole or in part at any time during the lifetime of the Insured. Any Indebtedness not repaid will reduce the amounts payable upon surrender of the policy or at the death of the Insured.

All payments We receive from You will be credited to Your policy as premium unless You give Us written notice that the payment is for loan repayment. Loan repayments will first be applied to pay accrued but unpaid interest on the loan. The balance will reduce the outstanding balance of Your loan.

Policy Costs and Charges

Premium Charges

We deduct certain charges from premium payments when We receive them to partially cover Our expenses of distributing the policy. These charges are 1) the Premium Expense Charge and 2) the State Tax Charge.

Premium Expense Charge

We deduct a Premium Expense Charge from each premium payment received. This charge is deducted before the premium payment is credited to the policy.

The Maximum Premium Expense Charge rates are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

The Maximum Premium Expense Charge rates differ based on the following:

- The length of time a Coverage Layer has been in effect.
- The amount of the Target Premium for a Coverage Layer.

To determine the amount of the Premium Expense Charge deducted from each premium payment, We do the following:

- (1) We allocate the premium payment to each Coverage Layer in the same proportion as the Target Premium for a Coverage Layer bears to the total Target Premiums for all Coverage Layers.
- (2) We determine the coverage year for each Coverage Layer.
- (3) For each Coverage Layer, We determine the portions of the premium payment allocated to the Coverage Layer in its current coverage year that are below and above the Target Premium for that Coverage Layer.
- (4) We multiply each portion of the premium payment allocated to the Coverage Layer by the applicable Premium Expense Charge rate.
- (5) We add together the Premium Expense Charges for all of the Coverage Layers.

State Tax Charge

To cover state premium taxes associated with distribution of this policy, We will deduct a State Tax Charge from each premium received. This charge is deducted before the premium payment is credited to the policy. To determine the amount of the charge, We multiply the amount of the premium payment by the applicable State Tax Charge rate. The State Tax Charge rate We charge will vary by state to reflect the rate of premium tax charged by each state. We guarantee that the rate will never exceed the Maximum State Tax Charge Rate shown on the Policy Schedule.

Monthly Policy Charges

We deduct certain charges from Your Account Value on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy, and to cover the cost of providing the base policy life insurance and rider benefits to You. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) monthly charges for any riders.

Cost of Insurance Charge

We will deduct a Cost of Insurance Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Cost of Insurance Charge Rates for each policy year are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Net Amount at Risk for Your policy as of that Monthly Anniversary Day by 1000 and multiply by the Monthly Cost of Insurance Charge Rate for the applicable policy year.

The current monthly Cost of Insurance Charge rates for Your policy depend on the age, sex and risk class of the Insured on each policy anniversary. Any change in the current monthly Cost of Insurance Charge rates will be on a non-discriminatory basis toward any Insured and will apply equally to all Insureds of the same age, sex and risk class whose coverage has been in effect for the same length of time.

Per Policy Charge

We will deduct a Per Policy Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Per Policy Charge is shown on the Policy Schedule. At Our option, We may charge less than the maximum amount shown.

Per \$1,000 Charge

We will deduct a Per \$1,000 Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Per \$1,000 Charge Rates for the initial Coverage Layer are shown on the Policy Schedule. If You increase the Specified Amount, We will send You a new Policy Schedule showing the Maximum Monthly Per \$1,000 Charge rates for the new Coverage Layer. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Specified Amount for each Coverage Layer by 1000 and multiply by the monthly Per \$1,000 Charge rate applicable to that Coverage Layer. We then add together the charges for each Coverage Layer.

If the Specified Amount for an existing Coverage Layer is increased due to a Death Benefit Option change, or if the Specified Amount is decreased for any reason, the monthly Per \$1,000 Charge will continue to be calculated as if the increase or decrease had not occurred.

The Maximum Monthly Per \$1,000 Charge rate for a Coverage Layer depends on the age, sex and risk class of the Insured on the Policy Date or effective date of a Coverage Layer.

Rider Charges

Charges for any riders You add to Your policy are described in the applicable rider. Maximum rider cost of insurance charges will be shown in the Policy Schedule.

Surrender Charge

For a certain period following the Policy Date or the date of any increase in Specified Amount, We will deduct a Surrender Charge from Your Account Value if either of the following occurs:

- (1) You surrender Your policy; or
- (2) a Grace Period ends without sufficient premium or loan repayment being paid to Us to keep the policy in force.

The amount of the Surrender Charge that would apply in each policy month of Your policy is shown on the Policy Schedule at issue. If You request an increase in Specified Amount, new Surrender Charge amounts will apply to the increase. We will add these Surrender Charges to the original Surrender Charges and send You an amended Policy Schedule showing the new Surrender Charge amounts that apply in each remaining Policy Month.

The Surrender Charge amounts depend on the age, sex and risk class of the Insured on the Policy Date or the date of any increase in Specified Amount.

Payment of Proceeds

Policy Proceeds

The proceeds of this policy may be either Death Proceeds, payable to the Beneficiary upon the death of the Insured, or Net Cash Surrender Value proceeds, payable to You if this policy is canceled for its Net Cash Surrender Value during the lifetime of the Insured.

How We Pay

Proceeds may be paid in a lump sum or under one or more Income Plans. The Income Plans are described in the ***Choosing an Income Plan*** section.

Net Cash Surrender Value proceeds will be due on the date We receive Your written request at Our Home Office. We may defer the payment of Net Cash Surrender Value proceeds for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Death Proceeds will be due on the date of the Insured's death. We will make payment within 60 days following receipt of due proof and any other proof that We require in order to investigate the claim.

We will pay interest from the date of death or other date proceeds are due to the date of payment. The interest rate will be equal to the rate applicable to the policy for funds left on deposit as of the date of death. We will pay interest on the Death Benefit if we fail to make payment within a reasonable period of time, not to exceed thirty days, after we receive proof of death. The rate will be at an annual rate of 10%, payable from the date of death to the date of payment. If payment is to be made under an Income Plan, "date of payment" will be the effective date of the plan.

Choosing an Income Plan

You may choose an Income Plan for Net Cash Surrender Value proceeds or for Death Proceeds during the lifetime of the Insured. If You choose an Income Plan, a Beneficiary may not change it. If You do not choose an Income Plan before the Insured dies, the Beneficiary can choose one after the death of the Insured. If the Beneficiary does not choose an Income Plan within 60 days after the date proceeds are due, We will pay the proceeds in a lump sum. An Income Plan is not available for a payee who is a fiduciary or a non-natural person without Our consent. For each Income Plan We may issue a separate written agreement putting the Income Plan into effect. The minimum amount that may be applied under an Income Plan is shown on the Policy Schedule. Each payment must be at least the Minimum Payment Amount shown on the Policy Schedule. We may make less frequent payments if payments to be made would be less than the Minimum Payment Amount.

The Income Plans

In addition to the Income Plans shown on the Policy Schedule, other Income Plans may be available. The Income Plans are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request.

We guarantee interest under the Income Plans at the minimum effective annual income plan interest rate shown on the Policy Schedule. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the date of the first payment. Life contingent payments will be based on the Income Plan Mortality Table shown on the Policy Schedule.

Commutation of Income Plans

No payment and no amount held under an Income Plan may be transferred or withdrawn before its due date. However, the right to transfer or withdraw may be made a part of any Income Plan, if We agree.

General Provisions

Annual Report

At least once a year We will send You an Annual Report dated not more than four months prior to the date of mailing. There is no charge for this report. The report will show the beginning and end dates of the report, and contain the following information:

- (1) the Account Value, if any, at the beginning of the current report period and at the end of the current report period;
- (2) The amounts that have been credited or debited to the Account Value during the current report period. These amounts include premium payments, interest credits, expense charges, cost of insurance charges, cost of riders, withdrawals and fees;
- (3) The current death benefit as of the end of the current report period;
- (4) The cash value, if any, at the end of the current report period;
- (5) The amount of outstanding loans, if any, at the end of the current report period.

Any other information required by applicable law will also be included in the Annual Report.

Projection of Benefits and Values

You may request other information about this policy, including a projected illustration of policy benefits and values, based upon assumptions as are necessary and specified by Us and/or You. The first projected illustration each year is provided at no cost. After that, We may charge a fee not to exceed the Maximum Illustration Fee shown on the Policy Schedule to provide subsequent illustrations. We may limit the number of illustrations We will provide in a policy year.

Reliance

We have issued this policy in reliance on the answers You have provided to Us in the application and in any supplemental applications. In the absence of fraud, these answers are deemed to be representations, and not warranties. We have assumed that all these answers are true and complete to the best of Your knowledge and belief. If they are not, We may contest the validity of this policy as explained in the ***Limits on Our Contesting This Policy*** provision. If that occurred, We would send back all the premiums You had paid, or the monthly costs of insurance charges for any rider We contest.

Juvenile Insureds

If the Insured was less than 20 years of age on the Policy Date, We will notify the Insured at least 30 days before the policy anniversary on which the Insured will be age 20 that the Insured may apply for non-tobacco user status. If the Insured does not respond to the notice by the policy anniversary on which the Insured will be age 20, or if the Insured does not meet Our criteria for non-tobacco user status, We will assign the Insured to Our uniform default classification of tobacco user status. If the Insured applies for non-tobacco user status, the application will become part of the application for the policy.

If the Insured is reclassified as a non-tobacco user at reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule. The reduced rates will be effective on the age 20 anniversary. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Tobacco Use Reclassification

After the policy anniversary on which the Insured is age 20, You may apply for reclassification of the Insured from tobacco user to non-tobacco user by completing a form provided by Us. If You apply for a reclassification, the application will become part of the application for the policy. If the Insured meets Our criteria for non-tobacco user reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule. The reduced rates will be effective on the Monthly Anniversary Day following Our receipt of the application. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Reclassification will be based upon Our general underwriting rules in effect at the time of the application, which may include criteria other than smoking and/or tobacco use status and may include a definition of smoker and/or tobacco use different from that at issue. No information provided in the application will be used to assign the Insured to a less favorable classification.

Limits on Our Contesting This Policy

No statement will be used in contesting this policy unless it is in an application or supplemental application and a copy of such application is attached to this policy. No statement will be used in contesting a rider unless it is in an application or supplemental application for such rider and a copy of such application is attached to this policy. This provision shall not apply to any agreement providing benefits in event of disability or in event of death from accidental means.

Except for fraud in the procurement of the policy where permitted by law, We will not contest this policy to the extent of the initial Specified Amount after it has been in effect during the Insured's lifetime for two years from the Policy Date. We will not contest the validity of any increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years from the effective date of the increase. Unless otherwise provided in the rider, We will not contest any rider attached to this policy after the rider has been in effect during the Insured's lifetime for two years from the effective date of the rider.

Except for fraud in the procurement of the policy where permitted by law, We will not contest this policy with respect to statements made in an application for reinstatement after the policy has been in effect during the Insured's lifetime for two years from the effective date of the reinstatement. Any premium refund will be limited to those paid on or after the effective date of the reinstatement.

Suicide

We will pay only a limited benefit if the Insured commits suicide while sane or insane, within two years from the Policy Date. If the policy is in force, We will return the premiums You paid, less: (1) the amount of any Indebtedness; (2) any withdrawal amount (including withdrawal fees); and (3) all monthly costs of insurance on all persons other than the Insured ever covered by rider. If the amount of the Net Cash Surrender Value is larger, We will pay it instead.

We will not pay with respect to any increases in the Specified Amount if the Insured commits suicide while sane or insane, within two years from the effective date of any such increase. If the policy is in effect and the Insured commits suicide more than two years after the Policy Date and within two years after the date of an increase in Specified Amount, We will return the monthly costs of insurance charged for such increase.

This provision also applies to any rider attached to this policy. The two-year period will be measured from the rider's date of issue.

Error in Age or Sex

If the Insured's age or sex as stated in the application is wrong, it could mean the Monthly Policy Charges are wrong and that policy values have to be recalculated. The same is true for the age or sex of any other person insured by a rider to this policy. If the error is discovered while the Insured is still living, We will adjust the Account Value to the amount it would have been if the monthly Cost of Insurance Charges for the correct age and sex of the Insured had been applied from the Policy Date. If the error is discovered after the death of the Insured, We will adjust the amount of the Death Proceeds payable to the amount that the monthly Cost of Insurance for the month of death would have purchased at the most recent correct age and sex.

Claims of Creditors

The proceeds of this policy will be paid free from the claims of creditors to the extent allowed by law.

Assignment

You may assign this policy as collateral, subject to the rights of any irrevocable Beneficiary, by giving Us written notice of the assignment. Such an assignment does not change the ownership of the policy, but Your rights and any Beneficiary's rights will be subject to the terms of the assignment. We will not be responsible for the validity of an assignment. The assignment will be effective on the date You signed it, unless You specify otherwise, subject to any payments We make or actions We take before We receive written notice.

Required Note on Our Computations

Calculations are based on the Mortality Tables and minimum guaranteed interest rate(s) shown on the Policy Schedule. We have filed a detailed statement of Our computations with the applicable State Insurance Department. The values under this policy are not less than those required by the law of the state where the policy is delivered. Any benefit provided by an attached rider will not increase these values unless stated in the rider.

Authority to Make Agreements

All agreements made by Us must be in writing and signed by Our president, a vice president, Our secretary or an assistant secretary. No other person, including an insurance agent, can change any of this policy's terms, extend the time for paying premiums, or make any other agreement that would be binding on Us.

Conformity with Laws

We reserve the right to make any changes necessary to comply with any federal or state statute, rule or regulation, subject to regulatory approval, if required. We do not need Your consent to make such changes.

When In Force

The policy will take effect on the date You have received it, satisfied all delivery requirements, and paid the minimum initial premium as described in the ***Payment of Premiums*** provision while the Insured is living and in the same state of health as indicated in the application. It will take effect anew on any reinstatement date. The policy will be in force from the time it takes effect until it ends as described in the ***Termination*** provision.

Termination

This policy will terminate and all insurance coverage under the policy will stop: (1) as of the date We receive notice from You requesting full surrender of the policy; (2) as of the date the Insured dies (although some riders may provide benefits for other covered persons beyond the Insured's death); (3) as of the date the Grace Period expires without payment of the needed premium; or (4) as of the date 61 days after We mail You notice that the amount of the Indebtedness exceeds the Cash Surrender Value less the Monthly Policy Charges without payment of the needed loan repayment.

Notices

Whenever written notice is required, send it to Our Home Office. The address of Our Home Office is shown on the front of this policy. Please include the policy number in Your correspondence.

Nonparticipating

This policy and any riders attached to it are issued at a nonparticipating rate and shall not share in Our surplus earnings.

Columbus Life Insurance Company
[400 East Fourth Street, P.O. Box 5737
Cincinnati, Ohio 45207-5737

1-800-677-9696
www.ColumbusLife.com]

Flexible Premium Adjustable Life Insurance Policy
Issued on Insured in Risk Class Shown on Policy Schedule
Death Benefit Payable at Death of Insured
No-Lapse Guarantee with Minimum Monthly Premium
Non-Participating

Policy Schedule

Insured:	[John Doe]	Policy Number:	[CM5379901U]
Owner:	[John Doe]	Policy Date:	[1-1-2010]
		Insured Age:	[35]
Specified Amount:	[\$100,000]	Insured Sex:	[Male]
Minimum Issue Limit:	[\$100,000]	Planned Premium:	[\$624.00] [Annually]
		Planned Additional First Year Premium:	[\$0.00]
Risk Class:	[Preferred (Non-Tobacco User)]	Death Benefit Option:	[1]

No-Lapse Guarantee:	See No-Lapse Guarantee Page
Maximum Premium Expense Charge Rates:	See Maximum Premium Expense Charge Page
Maximum State Tax Charge Rate:	[3.00%]
Maximum Monthly Per Policy Charge:	See Maximum Per Policy Charge Page
Maximum Monthly Per \$1,000 Charge Rates:	See Maximum Per \$1,000 Charge Page
Maximum Monthly Cost of Insurance Charge Rates:	See Guaranteed Maximum Cost of Insurance Charge Page
Surrender Charges:	See Surrender Charges Page
Withdrawal Fee:	[\$50] for each withdrawal after first in policy year
Maximum Loan Interest Rate:	[3.50%]
Minimum Guaranteed Interest Rate:	[3.00%]
Minimum Withdrawal:	[\$500.00]
Minimum Net Cash Surrender Value:	[\$250.00]
Maximum Illustration Fee:	[\$75.00] per illustration
Minimum Premium Payment:	[\$50.00]
Minimum Increase in Specified Amount:	[\$25,000.00]
Minimum Decrease in Specified Amount:	[\$25,000.00]

Coverage may end prior to the Insured's death if sufficient premiums are not paid.

Policy Schedule (continued)

No-Lapse Guarantee

Selected No-Lapse Guarantee: [Lifetime]

Selected No-Lapse Guarantee Period: [Lifetime]

No-Lapse Guarantee Minimum Monthly Premium:	<u>Policy Month</u>	<u>Monthly Premium</u>
	[1 – 780]	[\$ 52.00]
	[781 & Beyond]	[\$ 0.00]

Accumulation Rate for No-Lapse Guarantee

Minimum Monthly Premium: [5.50%]

See the Guarantee of Continued Coverage section for more information.

Policy Schedule (continued)

Maximum Premium Expense Charge Rates

<u>Coverage Layer Month</u>	<u>Up To Target Premium</u>	<u>In Excess Of Target Premium</u>
[1-144	6.50%	3.75%]
[145 +	3.50%	2.75%]

	<u>Target Premium</u>	<u>Effective Date</u>
Coverage Layer 1	[\$624.00	1-1-2010]

Policy Schedule (continued)

Guaranteed Maximum Cost of Insurance Charge Rates Per Thousand Dollars of Net Amount at Risk

Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate
[1	0.09334	29	1.10372	57	17.53725
2	0.09751	30	1.22650	58	18.90234
3	0.10334	31	1.35433	59	20.34569
4	0.11085	32	1.48387	60	21.87059
5	0.11751	33	1.61928	61	23.38520
6	0.12668	34	1.76227	62	24.86843
7	0.13752	35	1.92286	63	26.45342
8	0.15086	36	2.11028	64	28.14901
9	0.16669	37	2.33795	65	29.96423
10	0.18420	38	2.60426	66	31.70427
11	0.20337	39	2.88497	67	33.25265
12	0.22255	40	3.18679	68	34.90475
13	0.23839	41	3.51565	69	36.66691
14	0.25090	42	3.88671	70	38.53573
15	0.26674	43	4.31857	71	40.51145
16	0.28758	44	4.82063	72	42.61697
17	0.31427	45	5.38383	73	44.86020
18	0.34679	46	6.01260	74	47.25110
19	0.38431	47	6.69705	75	49.79713
20	0.43185	48	7.42303	76	52.50694
21	0.48524	49	8.21697	77	55.39319
22	0.54029	50	9.10125	78	58.46521
23	0.59369	51	10.08656	79	61.73550
24	0.64709	52	11.17261	80	65.21324
25	0.70967	53	12.34897	81	68.91186
26	0.78562	54	13.60255	82	72.84242
27	0.87827	55	14.92103	83	77.01849
28	0.98597	56	16.23779	84	81.45131
				85	83.33333
				86 and Later	0.00000]

This table shows the Guaranteed Maximum Cost of Insurance Charge rates for the policy without riders. These rates are individual mortality calculations based on the [2001 CSO Nonsmoker Male Ultimate Mortality Table, Age Last Birthday] as specified by the Risk Class of the Insured shown on the Policy Schedule.

Policy Schedule (continued)

Maximum Per Policy Charge

Policy Year	Monthly Charge
[1-85	\$7.00]
[86 +	\$0.00]

Policy Schedule (continued)

**Maximum Monthly Per \$1,000 Charge
Rates Per Thousand Dollars of Specified Amount**

	<u>Coverage Layer Month</u>	<u>Monthly Rate</u>
Coverage Layer 1	[1 - 240	0.20000]
	[241 +	0.00000]

Policy Schedule (continued)

Surrender Charges

Policy Month	Amount
[1-12	2,001.00
13-24	1,900.95
25-36	1,800.90
37-48	1,700.85
49-60	1,600.80
61-72	1,500.75
73-84	1,400.70
85-96	1,300.65
97-108	1,200.60
109-120	1,100.55
121-132	1,000.50
133-144	900.45
145-156	800.40
157-168	700.35
169-180	600.30
181-192	500.25
193-204	400.20
205-216	300.15
217-228	200.10
229 +	0.00]

Policy Schedule (continued)

Minimum Death Benefit Factors

Life Insurance Qualification Test: [Guideline Premium Test]

<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>	<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>
[40 & under	2.50000	61	1.28000
41	2.43000	62	1.26000
42	2.36000	63	1.24000
43	2.29000	64	1.22000
44	2.22000	65	1.20000
45	2.15000	66	1.19000
46	2.09000	67	1.18000
47	2.03000	68	1.17000
48	1.97000	69	1.16000
49	1.91000	70	1.15000
50	1.85000	71	1.13000
51	1.78000	72	1.11000
52	1.71000	73	1.09000
53	1.64000	74	1.07000
54	1.57000	75 to 90	1.05000
55	1.50000	91	1.04000
56	1.46000	92	1.03000
57	1.42000	93	1.02000
58	1.38000	94	1.01000
59	1.34000	95+	1.00000]
60	1.30000		

Policy Schedule (continued)

Income Plans

Minimum Amount That May Be Applied to Income Plan: [\$2,500.00]

Minimum Payment Amount: [\$100.00]

Minimum Income Plan Interest Rate: [1.00%]

Income Plan Mortality Table: [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

Income Plans:

[**Payments for Life – 10 Year Guarantee Period**

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person's sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below.

Minimum Income Table Payments for Life – 10 Year Guaranteed Period Monthly Payments for each \$1,000 applied								
Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female
55	[3.15	2.87	65	[4.23	3.82	75	[5.91	5.47
56	3.23	2.94	66	4.38	3.95	76	6.11	5.67
57	3.32	3.02	67	4.52	4.08	77	6.30	5.89
58	3.41	3.10	68	4.68	4.22	78	6.49	6.11
59	3.51	3.19	69	4.84	4.38	79	6.68	6.33
60	3.62	3.28	70	5.01	4.54	80	6.87	6.54
61	3.73	3.37	71	5.18	4.71	81	7.06	6.76
62	3.85	3.47	72	5.36	4.88	82	7.24	6.97
63	3.97	3.58	73	5.54	5.07	83	7.41	7.18
64	4.10	3.70]	74	5.72	5.26]	84	7.57	7.37
						85 and over	7.72	7.55]

[Adjustment to Age: To determine the adjusted age, We subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028. We use the age 64 factor per \$1,000 from the minimum income table.

Year Life Income Payment Plan Begins	Age Setback
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]

Policy Schedule

Insured:	[John Doe]	Policy Number:	[CM5379901U]
Owner:	[John Doe]	Policy Date:	[1-1-2010]
		Insured Age:	[35]
Specified Amount:	[\$100,000]	Insured Sex:	[Male]
Minimum Issue Limit:	[\$100,000]	Planned Premium:	[\$503.16] [Annually]
		Planned Additional First Year Premium:	[\$0.00]
Risk Class:	[Preferred (Non-Tobacco User)]	Death Benefit Option:	[1]

No-Lapse Guarantee:	See No-Lapse Guarantee Page
Maximum Premium Expense Charge Rates:	See Maximum Premium Expense Charge Page
Maximum State Tax Charge Rate:	[3.00%]
Maximum Monthly Per Policy Charge:	See Maximum Per Policy Charge Page
Maximum Monthly Per \$1,000 Charge Rates:	See Maximum Per \$1,000 Charge Page
Maximum Monthly Cost of Insurance Charge Rates:	See Guaranteed Maximum Cost of Insurance Charge Page
Surrender Charges:	See Surrender Charges Page
Withdrawal Fee:	[\$50] for each withdrawal after first in policy year
Maximum Loan Interest Rate:	[3.50%]
Minimum Guaranteed Interest Rate:	[3.00%]
Minimum Withdrawal:	[\$500.00]
Minimum Net Cash Surrender Value:	[\$250.00]
Maximum Illustration Fee:	[\$75.00] per illustration
Minimum Premium Payment:	[\$50.00]
Minimum Increase in Specified Amount:	[\$25,000.00]
Minimum Decrease in Specified Amount:	[\$25,000.00]

Coverage may end prior to the Insured's death if sufficient premiums are not paid.

Policy Schedule (continued)

No-Lapse Guarantee

Selected No-Lapse Guarantee: [Age 90]

Selected No-Lapse Guarantee Period: [1-1-2010 – 1-1-2065]

No-Lapse Guarantee Minimum Monthly Premium:	<u>Policy Month</u>	<u>Monthly Premium</u>
	[1 – 660]	[\$ 41.93]
Accumulation Rate for No-Lapse Guarantee		
Minimum Monthly Premium:	[5.50%]	

Alternative No-Lapse Guarantee Available upon Payment of Additional Premium

Alternative No-Lapse Guarantee: [Lifetime]

No-Lapse Guarantee Minimum Monthly Premium:	<u>Policy Month</u>	<u>Monthly Premium</u>
	[1 – 780]	[\$ 57.42]
	[781 & Beyond]	[\$ 0.00]
Maximum No-Lapse Guarantee Continuation Premium:	[\$63,854.68]	
Accumulation Rate for No-Lapse Guarantee		
Minimum Monthly Premium:	[5.50%]	

See the Guarantee of Continued Coverage section for more information.

Policy Schedule (continued)

Maximum Premium Expense Charge Rates

<u>Coverage Layer Month</u>	<u>Up To Target Premium</u>	<u>In Excess Of Target Premium</u>
[1-144	6.50%	3.75%]
[145 +	3.50%	2.75%]

	<u>Target Premium</u>	<u>Effective Date</u>
Coverage Layer 1	[\$624.00	1-1-2010]

Policy Schedule (continued)

Guaranteed Maximum Cost of Insurance Charge Rates Per Thousand Dollars of Net Amount at Risk

Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate	Policy Year	Maximum Monthly Rate
[1	0.09334	29	1.10372	57	17.53725
2	0.09751	30	1.22650	58	18.90234
3	0.10334	31	1.35433	59	20.34569
4	0.11085	32	1.48387	60	21.87059
5	0.11751	33	1.61928	61	23.38520
6	0.12668	34	1.76227	62	24.86843
7	0.13752	35	1.92286	63	26.45342
8	0.15086	36	2.11028	64	28.14901
9	0.16669	37	2.33795	65	29.96423
10	0.18420	38	2.60426	66	31.70427
11	0.20337	39	2.88497	67	33.25265
12	0.22255	40	3.18679	68	34.90475
13	0.23839	41	3.51565	69	36.66691
14	0.25090	42	3.88671	70	38.53573
15	0.26674	43	4.31857	71	40.51145
16	0.28758	44	4.82063	72	42.61697
17	0.31427	45	5.38383	73	44.86020
18	0.34679	46	6.01260	74	47.25110
19	0.38431	47	6.69705	75	49.79713
20	0.43185	48	7.42303	76	52.50694
21	0.48524	49	8.21697	77	55.39319
22	0.54029	50	9.10125	78	58.46521
23	0.59369	51	10.08656	79	61.73550
24	0.64709	52	11.17261	80	65.21324
25	0.70967	53	12.34897	81	68.91186
26	0.78562	54	13.60255	82	72.84242
27	0.87827	55	14.92103	83	77.01849
28	0.98597	56	16.23779	84	81.45131
				85	83.33333
				86 and Later	0.00000]

This table shows the Guaranteed Maximum Cost of Insurance Charge rates for the policy without riders. These rates are individual mortality calculations based on the [2001 CSO Nonsmoker Male Ultimate Mortality Table, Age Last Birthday] as specified by the Risk Class of the Insured shown on the Policy Schedule.

Policy Schedule (continued)

Maximum Per Policy Charge

Policy Year	Monthly Charge
[1-85	\$7.00]
[86 +	\$0.00]

Policy Schedule (continued)

**Maximum Monthly Per \$1,000 Charge
Rates Per Thousand Dollars of Specified Amount**

	<u>Coverage Layer Month</u>	<u>Monthly Rate</u>
Coverage Layer 1	[1 - 240	0.20000]
	[241 +	0.00000]

Policy Schedule (continued)

Surrender Charges

Policy Month	Amount
[1-12	2,001.00
13-24	1,900.95
25-36	1,800.90
37-48	1,700.85
49-60	1,600.80
61-72	1,500.75
73-84	1,400.70
85-96	1,300.65
97-108	1,200.60
109-120	1,100.55
121-132	1,000.50
133-144	900.45
145-156	800.40
157-168	700.35
169-180	600.30
181-192	500.25
193-204	400.20
205-216	300.15
217-228	200.10
229 +	0.00]

Policy Schedule (continued)

Minimum Death Benefit Factors

Life Insurance Qualification Test: [Guideline Premium Test]

<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>	<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>
[40 & under	2.50000	61	1.28000
41	2.43000	62	1.26000
42	2.36000	63	1.24000
43	2.29000	64	1.22000
44	2.22000	65	1.20000
45	2.15000	66	1.19000
46	2.09000	67	1.18000
47	2.03000	68	1.17000
48	1.97000	69	1.16000
49	1.91000	70	1.15000
50	1.85000	71	1.13000
51	1.78000	72	1.11000
52	1.71000	73	1.09000
53	1.64000	74	1.07000
54	1.57000	75 to 90	1.05000
55	1.50000	91	1.04000
56	1.46000	92	1.03000
57	1.42000	93	1.02000
58	1.38000	94	1.01000
59	1.34000	95+	1.00000]
60	1.30000		

Policy Schedule (continued)

Income Plans

Minimum Amount That May Be Applied to Income Plan: [\$2,500.00]

Minimum Payment Amount: [\$100.00]

Minimum Income Plan Interest Rate: [1.00%]

Income Plan Mortality Table: [Annuity 2000 Table, with Projection Scale G, adjusted for age last birthday]

Income Plans:

[**Payments for Life – 10 Year Guarantee Period**

Equal monthly payments shall be made for 10 years and thereafter during the life of a named person. The amount of each monthly payment depends on that person's sex and adjusted age on the date of first payment. Monthly payments will not be less than those shown in the table below.

Minimum Income Table Payments for Life – 10 Year Guaranteed Period Monthly Payments for each \$1,000 applied								
Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female	Adjusted Age Last Birthday	Male	Female
55	[3.15	2.87	65	[4.23	3.82	75	[5.91	5.47
56	3.23	2.94	66	4.38	3.95	76	6.11	5.67
57	3.32	3.02	67	4.52	4.08	77	6.30	5.89
58	3.41	3.10	68	4.68	4.22	78	6.49	6.11
59	3.51	3.19	69	4.84	4.38	79	6.68	6.33
60	3.62	3.28	70	5.01	4.54	80	6.87	6.54
61	3.73	3.37	71	5.18	4.71	81	7.06	6.76
62	3.85	3.47	72	5.36	4.88	82	7.24	6.97
63	3.97	3.58	73	5.54	5.07	83	7.41	7.18
64	4.10	3.70]	74	5.72	5.26]	84	7.57	7.37
						85 and over	7.72	7.55]

[Adjustment to Age: To determine the adjusted age, We subtract the Age Setback shown below from the actual age. For example, for a 67-year-old person in 2028. We use the age 64 factor per \$1,000 from the minimum income table.

Year Life Income Payment Plan Begins	Age Setback
[2012 – 2017	1 year
2018 – 2023	2 years
2024 – 2029	3 years
2030 – 2035	4 years
2036 – 2041	5 years
2042 – 2047	6 years
2048 and later	7 years]

SERFF Tracking Number:	WSST-126532763	State:	Arkansas
Filing Company:	Columbus Life Insurance Company	State Tracking Number:	45320
Company Tracking Number:	CL 87 1006		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CLIC/Voyager/MDT		
Project Name/Number:	CLIC/Voyager/MDT/CL 87 1006		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR1ReadingEaseCert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application was approved on December 3, 2009, under state tracking number 44202.		
Attachment: CL 45.300-A (6-09).pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		

SERFF Tracking Number:	WSST-126532763	State:	Arkansas
Filing Company:	Columbus Life Insurance Company	State Tracking Number:	45320
Company Tracking Number:	CL 87 1006		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	CLIC/Voyager/MDT		
Project Name/Number:	CLIC/Voyager/MDT/CL 87 1006		

Attachment:

Statement of Variability CL 87.pdf

Item Status:

Status

Date:

Satisfied - Item: Rates Certification

Comments:

Attachment:

AR2ConsentPremRatesCostBasis.pdf

Item Status:

Status

Date:

Satisfied - Item: Rule and Regulation 19

Comments:

Attachment:

AR-4.pdf

Item Status:

Status

Date:

Satisfied - Item: Rule and Regulation 34

Comments:

Attachment:

AR-5.pdf

STATE OF ARKANSAS
READING EASE CERTIFICATION

RE: CL 87 1006 AR - Flexible Premium Adjustable Life Insurance Policy

This is to certify that the attached policy form(s) has (have) achieved a Flesch Reading Ease Score as follows:

Form Number	Readability Score
CL 87 1006 AR	50

and comply(ies) with the requirements of Ark. Stat. Ann. sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Columbus Life Insurance Company

Megan D. Thomas

Megan Thomas
Product & State Filing Analyst

Date: 3/15/2010

AR-1



Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

☐ New Business

☐ Reinstatement of Policy # _____

APPLICATION FOR LIFE INSURANCE – PART 1

For reinstatement, complete Sections A, B, I, J, K, L, M, N

A. Proposed Insured 1

1. Name of Proposed Insured Male ☐ Female ☐
First _____ Middle _____ Last _____
2. Date of Birth _____ Age _____
(mm/dd/yyyy)
3. Place of Birth (state/country) _____
4. Social Security No. or Tax I.D. _____
5. Drivers License No. and State _____
6. Marital Status _____
7. Employer _____
Length Of Employment At This Business _____
Occupation _____
Duties _____
Earned Income _____ Net Worth _____
8. U.S. Citizen ☐ Yes ☐ No
If No, complete the Citizenship Supplement CL 45.461.
9. Home Address: Years at Address _____ E-mail _____
Street/Apt No. _____
City _____ State _____ Zip Code _____
10. Home Phone _____ Alternate Phone _____

B. Proposed Insured 2 (For Survivorship or Other Insured Rider)

1. Name of Proposed Insured Male ☐ Female ☐
First _____ Middle _____ Last _____
2. Date of Birth _____ Age _____
(mm/dd/yyyy)
3. Place of Birth (state/country) _____
4. Social Security No. or Tax I.D. _____
5. Drivers License No. and State _____
6. Marital Status _____
7. Employer _____
Length Of Employment At This Business _____
Occupation _____
Duties _____
Earned Income _____ Net Worth _____
8. U.S. Citizen ☐ Yes ☐ No
If No, complete the Citizenship Supplement CL 45.461.
9. Home Address and Phone Information: E-mail _____
☐ Same as Proposed Insured 1
☐ Different; Provide information below:

C. Coverage Applied For. (If VUL, complete Supplement CL 45.265; If Indexed UL, complete Supplement CL 45.452.)

Plan of Insurance _____	Term Plans Only, _____	\$ _____
If UL or VUL, select Death Benefit Option:	Select Term Period:	Base Amount
<input type="checkbox"/> 1 – Level Death Benefit	<input type="checkbox"/> Ten Year	\$ _____
<input type="checkbox"/> 2 – Specified Amount plus Cash Value	<input type="checkbox"/> Twenty Year	Supplemental Coverage Rider (SCR) Amount
If UL, select Life Insurance Qualification Test	<input type="checkbox"/> Thirty Year	(if applicable)
<input type="checkbox"/> Guideline Premium (default, if none selected)	<input type="checkbox"/> _____ Year	\$ _____
<input type="checkbox"/> Cash Value Accumulation (not available with all plans)		Total Base Plus SCR Amount

D. Optional Benefits and Riders.

Universal Life Only:	Term Plans Only:
<input type="checkbox"/> No-Lapse Guarantee: <input type="checkbox"/> Intermediate <input type="checkbox"/> Lifetime	<input type="checkbox"/> Return of Premium <input type="checkbox"/> Waiver of Premium
<input type="checkbox"/> Capital Transfer	<input type="checkbox"/> Accidental Death/Specific Loss
<input type="checkbox"/> Disability Credit: indicate Monthly Credit Amount \$ _____	Universal Life and Term:
<input type="checkbox"/> Term Rider:	<input type="checkbox"/> Accidental Death \$ _____
Check one: <input type="checkbox"/> 20 Years <input type="checkbox"/> 30 Years \$ _____	<input type="checkbox"/> Insured Insurability \$ _____
<input type="checkbox"/> Extended Maturity Plus: <input type="checkbox"/> Pay at Issue, or <input type="checkbox"/> Pay at Age 80	<input type="checkbox"/> Other Insured \$ _____
<input type="checkbox"/> Change of Insured	<input type="checkbox"/> Children's Term (complete supplement form CL 45.458)
<input type="checkbox"/> Enhanced Cash Value	For Voyager only, you may select a shorter No-Lapse Guarantee than the
<input type="checkbox"/> Estate Protection Rider	Lifetime No-Lapse:
	<input type="checkbox"/> To age 90 <input type="checkbox"/> To age 95 <input type="checkbox"/> To age 100

E. Child as Primary Proposed Insured

Answer if Proposed Insured is at least 15 days old and under 18 years.

1. Is Applicant a Parent or Legal Guardian (attach proof of guardianship) of proposed Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is Applicant employed and providing Proposed Insured's main support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is all life insurance in force on Applicant at least equal to 2 times that on Proposed Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

K. Lifestyle Information on Proposed Insured 1 and Proposed Insured 2.For **Yes** answers, complete Details section below.

	Proposed Insured 1		Proposed Insured 2	
	Yes	No	Yes	No
1. In the past year has anyone proposed for insurance used tobacco or any other product containing nicotine? If No , select the answer that best describes tobacco/nicotine product history. Proposed Insured 1: Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input type="checkbox"/> Never Used Proposed Insured 2: Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input type="checkbox"/> Never Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever used illegal drugs or controlled substances except as legally prescribed by a licensed member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you consume alcoholic beverages? If Yes: Type _____ Frequency _____ Amount _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Received or been advised to seek treatment for, attended a program for or been counseled for alcohol or drug abuse, or been advised by a health professional to reduce the use of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a drivers license suspended or revoked, or within the last 5 years, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently receiving, or within the past 3 years have you received or applied for, any disability benefits, including Workers Compensation, Social Security Disability Insurance, or any other form of Disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 2 years have you been unable to work, attend school or been disabled for one month or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does anyone proposed for this insurance intend to travel or reside outside the U.S. or Canada within the next two years? If Yes , list where, when, purpose and duration in the Details section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 2 years, flown as a pilot, crew member, or with any duties aboard an aircraft, or is there any intention of doing so within the next two years? If Yes , complete a Supplemental Questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past 2 years, engaged in any motor racing on land or water, parachuting, skydiving, ballooning, gliding (kite or other), flying ultra-light aircraft, underwater or scuba diving, mountain climbing, or other hazardous sports or hobbies, or is there any intention of doing so within the next two years? If Yes , complete a Supplemental Questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted of, are you awaiting trial for, or have you pled no contest to a felony? If Yes , indicate in Details section type, date and city/state of felony and if currently on probation or parole.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? If Yes , please list branch of service, rank, duties, and current duty station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details: List details to question above, listing question number and the Proposed Insured details apply to.

Question No. and Proposed Insured	Details

L. Personal Physician Information

	Proposed Insured 1	Proposed Insured 2
Name of personal physician:		
Address:		
Telephone number:		
Date last consulted:		
Reason last consulted:		
Treatment or medication prescribed:		

M. Additional Remarks

--

**Completion of this section is optional if Proposed Insured(s) is/are being examined.
DO NOT remove this page from the application.**

N. Medical Information on Proposed Insured 1, Proposed Insured 2.

For YES answers, complete Details section below.	Proposed Insured 1		Proposed Insured 2	
	Yes	No	Yes	No
1. Has any person proposed for insurance ever been diagnosed with, treated for, hospitalized for or been advised to seek treatment by a member of the medical profession for any of the following:				
a) High blood pressure, high cholesterol or high triglycerides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart disease or disorder, heart attack, heart murmur, angina or chest pain, palpitations, irregular heart beat or coronary artery disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Circulatory system disorder, thrombophlebitis, aneurysm, embolism, peripheral vascular disease or edema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Chronic headaches, carotid artery blockage, seizures, fainting, dizziness, epilepsy, stroke or mini stroke (TIA – transient ischemic attack), paralysis or other nervous system or brain disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Any tumor, masses, cysts, cancer, melanoma, pre-cancerous lesion, lymphoma, or disorder of the lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Anemia, leukemia, clotting disorder, or any other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Diabetes, elevated blood sugar, a disorder of the urinary tract or findings of sugar, protein or blood in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Asthma, emphysema, chronic obstructive pulmonary disease (COPD), shortness of breath, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or bronchitis, spitting up blood or any other disorder of the lungs or respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Arthritis, gout, fibromyalgia or any disorder of the back, spine, muscles, nerves, bones, joints or skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Ulcers, colitis, Crohn's disease, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder or pancreas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Thyroid, pituitary or other endocrine or glandular disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Any nervous, mental, emotional, mood, anxiety or eating disorders, or received counseling for anxiety, depression, stress or any other emotional condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Any disorder of the eyes, ears, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months have you been prescribed any medications other than contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you planning to seek medical advice or treatment for any reason; are you scheduled for a medical test or appointment or have you been advised to schedule a follow up medical appointment or test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any immediate family member (parents, sisters or brothers) died as a result of, or been diagnosed with, heart disease prior to age 60?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What is your height and weight? If weight changed in the past 12 months, indicate pounds lost or gained.	Ht _____ Wt _____ Loss _____ Gain _____	Ht _____ Wt _____ Loss _____ Gain _____		

Medical Information Details			
Details of Yes answers to the above questions 1-5.			
Question No. and name of proposed insured.	Physicians, hospitals, illness, treatment, medical information, reason for checkup.	Dates and duration of illness.	Name, address, phone number of medical professionals, hospitals.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually (and/or on behalf of any children named in the application, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc., consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Columbus Life Insurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Columbus Life Insurance Company to 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Columbus Life Insurance Company.

I, each Proposed Insured, Named Child or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Columbus Life Insurance Company (hereafter, "the Company") in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737, Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

AGREEMENT AND ACKNOWLEDGEMENT

Each of the Undersigned declares that: This Application consists of: a) Part I Application; b) Part II Medical Application, if required; c) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for. Except as provided in any Temporary Insurance Agreement, any policy issued on this application shall take effect on the date it is delivered to the owner and the first premium is paid during the lifetime of each and every person proposed for insurance under such policy and then only if the health and other conditions affecting insurability remain as described in this application.

Any and all statements and answers provided anywhere in this application, together with those in any Part II and in any supplemental application made in connection herewith are full, complete and true to the best of my knowledge and belief and are made to the Company to induce it to issue the policy or policies applied for and will be attached to and made a part of any policy issued.

No agent is authorized to make or alter contracts, to extend the time for payment of premiums, or to waive any of the Company's rights or requirements. Corrections, additions or amendments to this application may be made by the Company. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No changes, corrections or additions will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

The undersigned each represent that the applicant and proposed insured(s) each has read, or had read to each of them, the completed application and that they each realize that any false statement or misrepresentation which is material to the risk therein may result in loss of coverage under any policy issued hereunder, or if this is an application for reinstatement, the Company shall be under no liability except to return premiums paid in connection with such reinstatement.

I have read and understand the Accelerated Death Benefit Disclosure Statement. I have received 1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me or my children which relates to this application; and 2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc Pre-Notice.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not currently subject to backup withholding as a result of Internal Revenue Service notification. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

A faxed or electronically transmitted signed document to Columbus Life Insurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ Date _____
(City and State) Signature of Proposed Insured 1 (if age 15 or older)

Signature of Applicant/Owner if other than Proposed Insured

Signature of Proposed Insured 2

Agent/Producer's Certification - To the best of my knowledge, a replacement ☐ is ☐ is not involved in this transaction. I also certify that only Company approved sales material was used, and copies of all sales material and any disclosures or illustrations required by law have been given to the Applicant.

Agent's Name (Please Print)

License No.

Signature of Agent _____ Date _____

Columbus Life Insurance Company

Statement of Variability

Policy Form CL 87 1006

This document defines the range of variation of bracketed items found in the contract's cover page and in its Specification Pages (SP-1 through SP-9). There are two types of variations: (1) those items that are Owner / Insured specific; and (2) those items that are not owner specific.

Owner / Insured Specific Variables

The filed specimen policy form includes hypothetical information within the brackets shown on the Specifications page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

Information Shown on Specifications Page SP-1:

Insured:	Insured's name
Owner:	Owner's name
Insured Age:	Insured's age
Insured Sex:	Insured's sex
Specified Amount:	Specified amount of the policy selected by the owner on the application.
Planned Premium:	Premium amount and mode selected by owner on the application. Premium modes available are annual, semi-annual, quarterly, or monthly.
Planned Additional First Year Premium:	Additional premium paid or payable by the Owner
Risk Class:	Insured's classification: Preferred Tobacco User, Standard Tobacco User, Super Preferred Non-Tobacco User, Preferred Non-Tobacco User, Standard Non-Tobacco User, or Standard Composite

Variables that are Not Owner Specific

The variables bracketed on the filed schedule page and described in the policy contain current restrictions set by the Company upon development of the contract. Any changes to these variables will be made in a nondiscriminatory fashion. If any of these variables change from the amount as filed, they will be changed for all new issues, such that there will be only one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of antiselection, experience that is markedly different from pricing assumptions, etc. Any change to the items will result in a new value remaining within the ranges specified below.

Information Shown on Cover Page:

Company Logo The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.

Officer's Signatures Will change if the relevant individuals or titles should change in the future.

Information Shown on Cover/Back Page:

Company Address Company mailing address, telephone number, and email address.

Information Shown on Specifications Page SP-1:

Policy Number: Assigned sequentially. Also, blocks of policy numbers may be reserved to designate certain features, such as whether a paper or electronic application was used.

Policy Date: Based on the date underwriting is completed, except may be an earlier date under limited backdating rules.

Minimum Issue Limit: The smallest face amount for which a policy can be issued. Maximum range is \$25,000 - \$100,000.

Death Benefit Option: Either 1 or 2. Option 1 is a level death benefit option. Option 2 is an increasing death benefit option.

Maximum State Tax Charge Rate: This rate is dependant on the state the policy is issued. Currently this rate varies for 1.40% to 3.50%.

Withdrawal Fee: Maximum range of variation is \$10 - \$100.

Maximum Loan Interest Rate: Maximum range of variation is 2.00% - 8.00%.

Minimum Guaranteed Interest Rate: Maximum range of variation is 1.00% - 6.00%.

Minimum Withdrawal: Maximum range of variation is \$100 - \$1000.

Minimum Net Cash Surrender Value: Maximum range of variation is \$100 - \$1000.

Maximum Illustration Fee: Maximum range of variation is \$50 - \$200.

Minimum Premium Payment: Maximum range of variation is \$10 - \$100.

Minimum Increase in Specified Amount: Maximum range of variation is \$10,000 - \$50,000.

Minimum Decrease in Specified Amount: Maximum range of variation is \$10,000 - \$50,000.

Information Shown on Specifications Page SP-2 through SP-8:

Selected No-Lapse Guarantee: The owner chooses between Age 90, Age 95, or Lifetime. The selection cannot be changed after issue.

Selected No-Lapse Guarantee Period: The beginning and ending date of the Selected No-Lapse Guarantee. "Lifetime" will be shown if the Selected No-Lapse Guarantee is Lifetime.

No-Lapse Guarantee Minimum Monthly Premium: This is the premium required to be paid each month in order to pass the No-Lapse Guarantee test. It varies based on the No-Lapse Guarantee selected and the insured's issue age, sex, class and band.

Accumulation Rate for No-Lapse Guarantee: Maximum range of variation is 2.00% - 8.00%.

Alternative No-Lapse Guarantee Period: The beginning and ending date of the Alternative No-Lapse Guarantee. "Lifetime" will be shown if the Alternative No-Lapse Guarantee is Lifetime.

Maximum No-Lapse Guarantee Continuation Premium: This is the maximum premium required to be paid at the end of the Selected No-Lapse Guarantee Period in order to continue the No-Lapse Guarantee test. It varies based on the No-Lapse Guarantee selected and the insured's issue age, sex, class and band.

Maximum Premium Expense Charge: Maximum range of variation is 0% - 10%

Coverage Layer: Coverage Layer 1 corresponds to the specified amount at issue. Any increase in Specified Amount creates a new Coverage Layer. Decreases in Specified Amount may remove Coverage Layers. The target premium is used to determine the Premium Expense Charge for each coverage layer. The Effective Date lists the date the Coverage Layer was issued. For Coverage Layer 1, the Effective date corresponds to the Policy Date.

Maximum Cost of Insurance Rates: The rates in the specimen policy are equal to 100% of the male nonsmoker 2001 CSO ALB ultimate table (monthly basis). The actual rates will match the sex and class of the insured and reflect any substandard mortality.

Mortality Table basis of Maximum Cost of Insurance Rates: Appropriate 2001 CSO mortality Table, based on the insured's sex and class.

Maximum Per Policy Charge: Maximum range of variation is \$0.00 - \$10.00.

Maximum Per \$1000 Charge: These charges vary based upon the insured's Age, Sex and Class. This Charge is listed separately for each Coverage Layer.

Surrender Charge:	These charges vary based upon the Total Specified Amount and the insured's Age, Sex and Class.
Life Insurance Qualification Test:	The owner chooses between Guideline Premium Test and Cash Value Accumulation Test at issue. The test cannot be changed after issue.
Minimum Death Benefit Factors:	The applicable corridor factors that are used to determine minimum death benefit as described in IRC Section 7702. This will vary depending on the Life Insurance Qualification Test selected. For Cash Value Accumulation Test defined in IRC Section 7702 (b) (1) & (2), The factors depend on Sex and Premium Class, plus (i) interest at the greater of 4% or the Minimum Guaranteed Interest Rate, (ii) reasonable mortality charges not to exceed the prevailing commissioner's standard tables, and (iii) a maturity age between age 95 and 100. For the specimen policy, these items are set to 4%, the 2001 CSO ALB and maturity age 100, respectively. Note the federal government has not issued any guidance permitting maturity ages beyond 100 although they are well aware that the 2001 CSO extends to age 121. As a result, the Society of Actuaries - Taxation Section - Maturity Age Task Force recommends that 2001 CSO contracts be assumed to mature at age 100 for definition of life insurance purposes. The Net Single Premium Factors will change whenever necessary to remain compliant with federal regulations and any interpretative opinions.

Information Shown on Specifications Page SP- 9:

Minimum Amount That May Be Applied to Income Plan:	Maximum range of variation is \$1,000 - \$10,000.
Minimum Payment Amount:	Maximum range of variation is \$50 - \$500.
Minimum Income Plan Interest Rate:	Maximum range of variation is 1% - 5%.
Income Plan Mortality Table:	Acceptable Mortality Tables are based on appropriate industry tables published by the Society of Actuaries or the National Association of Insurance Commissioners, adjusted by such means as projection scales, age setbacks or other methods.
Income Plans:	We may offer Income Plans different from, or in addition to, the <i>Payments for Life – 10 Year Guarantee Period</i> shown in the specimen policy. Also, the actual Monthly Payments for each \$1,000 Applied appearing in the Minimum Income Table(s) will vary depending upon the type of option as well as the Minimum Income Option Interest Rate and the Income Option Mortality Table. Potential alternative options include Payments for Life – with other than 10 year Guarantee Periods, Life Annuity – No Guaranteed Period, Joint and Survivor Life Income (with or without a guarantee period); Payments for a Fixed Period, Funds Left on Deposit, or any other future option developed by the Company.
Adjustment to Age:	<u>Example:</u> We may change the example to any reasonable set of circumstances that will assist the policyowner in understanding how the adjustment is computed.

Year Life Income Payment Plan Begins: The date range in the specimen policy consists of 6-year groups encompassing calendar years 2012 thru 2048 and later. The group sizes could be expanded or contracted and the specific years could begin as early as 2010 and end as late as 2099.

Age Setback: Maximum range of variation is 0 – 15 years.

STATE OF ARKANSAS

**CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL**

Columbus Life Insurance Company ("Company") of Cincinnati, Ohio does hereby consent and agree:

- (A) that all premium rates and/or cost bases both "maximum" and "current or projected", used in relation to policy form number CL 87 1006 AR must be filed with the Insurance Commission for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

- (B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Columbus Life Insurance Company
(Company Name)

BY Megan Thomas
(Name)

Product & State Filing Analyst
(Title or Position)

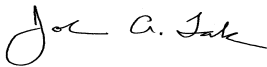
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Columbus Life Insurance Company

Form Number(s):

CL 87 1006 AR - Flexible Premium Adjustable Life Insurance Policy

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

John A. Tak, FSA, MAAA
Name

Assistant VP & Director Life Products
Title

03/23/2010
Date

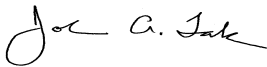
**Certificate of Compliance with
Arkansas Rule and Regulation 34**

Insurer: Columbus Life Insurance Company

Form Number(s):

CL 87 1006 AR - Flexible Premium Adjustable Life Insurance Policy

I hereby certify that the filing above meets all applicable Arkansas requirements
in regards to Rule and Regulation 34.



Signature of Company Officer

John A. Tak, FSA, MAAA
Name

Assistant VP & Director Life Products
Title

03/23/2010
Date

<i>SERFF Tracking Number:</i>	<i>WSST-126532763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbus Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45320</i>
<i>Company Tracking Number:</i>	<i>CL 87 1006</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>CLIC/Voyager/MDT</i>		
<i>Project Name/Number:</i>	<i>CLIC/Voyager/MDT/CL 87 1006</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/23/2010	Form	Flexible Premium Adjustable Life Insurance Policy	04/09/2010	CL 87 1006 AR.pdf (Superceded)



Life Insurance Policy

Coverage Provided By This Policy: We agree to pay the Death Benefit to the Beneficiary when We receive proof of the death of the Insured while this policy is in force, subject to the terms of this policy. The Death Benefit is explained in the **Death Benefit** section. During the Insured's lifetime, We will provide cash surrender value benefits and other important rights, as described in the policy.

This policy contains a no-lapse guarantee. We guarantee that this policy will not terminate or enter the Grace Period if You make the required minimum premium payments as described in the **Guarantee of Continued Coverage** section of the policy. If You do not pay at least the minimum premium payments on time, You may need to pay significantly higher premiums at a later time to keep the policy in force.

Thirty-Day Right To Examine the Policy (Free Look Period): Please read Your policy carefully. If You are not satisfied with it, You may return it to Us within 30 days after You receive it. Mail or deliver the policy to Us at Our Home Office ([P.O. Box 5737, Cincinnati, Ohio 45201-5737]) or to one of Our agents. The policy will be deemed void as though no application was made. We will promptly refund any premium paid.

This policy is a legal contract between You, as Owner, and Columbus Life Insurance Company.

Signed for Columbus Life Insurance Company at Cincinnati, Ohio.

[] ]
Secretary President and
Chief Executive Officer

Issued by a Stock Company

PLEASE READ YOUR POLICY CAREFULLY

Flexible Premium Adjustable Life Insurance Policy
Issued on Insured in Risk Class Shown on Policy Schedule
Death Benefit Payable at Death of Insured
No-Lapse Guarantee with Minimum Monthly Premium
Non-Participating

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Definitions

YOU AND YOUR. In this policy, You and Your refer to the Owner of the policy.

WE, OUR AND US. Columbus Life Insurance Company.

Basic Policy Terms.....

BENEFICIARY. The person or persons You have named to receive the Death Proceeds when the Insured dies.

COVERAGE LAYER. A Coverage Layer consists of all base policy and rider coverages that become effective on a single Monthly Anniversary Day. The first Coverage Layer consists of coverage effective on the Policy Date. An increase in base coverage creates another Coverage Layer. The addition of rider benefits may create another Coverage Layer.

DEATH BENEFIT. The amount We will pay to the Beneficiary under the base policy when We receive proof that the Insured died while this policy was in force.

DEATH PROCEEDS. The Death Benefit plus any insurance on the life of the Insured provided by riders, excluding any rider that includes its own beneficiary designation, less any Indebtedness, less any overdue Monthly Policy Charges.

INSURED. The person named on the application on whose life this policy provides insurance coverage.

MONTHLY ANNIVERSARY DAY. The day each month on which We deduct the Monthly Policy Charges. The initial Monthly Anniversary Day is the Policy Date.

OWNER. The person or persons who have all rights under this policy.

POLICY DATE. The issue date of the policy and the date from which policy months, years and anniversaries are measured.

POLICY MONTH. A Policy Month begins on a Monthly Anniversary Day and ends on the day before the Monthly Anniversary Day in the next calendar month. Policy Month 1 begins on the Policy Date.

POLICY SCHEDULE. The schedule pages of this policy or the most recent amended Policy Schedule We have sent You.

SPECIFIED AMOUNT. The amount of insurance coverage You have selected under the base policy, as shown on the Policy Schedule.

Premiums

NET PREMIUM. The amount of premium paid less the Premium Expense Charge and the State Tax Charge.

NO-LAPSE GUARANTEE MINIMUM MONTHLY PREMIUM. The amount of premium due on each Monthly Anniversary Day to assure the policy will not terminate or begin the Grace Period as described in the **Guarantee of Continued Coverage** section. The No-Lapse Guarantee Minimum Monthly Premium as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase or decrease if the rider has a cost. If Your Specified Amount increases or decreases after the Policy Date, the No-Lapse Guarantee Minimum Monthly Premium for Your policy will increase or decrease. We will send You an amended Policy Schedule showing the new No-Lapse Guarantee Minimum Monthly Premium following any such increase or decrease.

PLANNED PREMIUM. The amount and frequency of the premium You have indicated You plan to pay, as shown on the Policy Schedule.

PLANNED ADDITIONAL FIRST YEAR PREMIUM. The amount of additional premium You plan to pay at issue, as shown on the Policy Schedule.

TARGET PREMIUM. An amount of premium for a Coverage Layer for a policy year that We use to determine the Premium Expense Charge rate(s) applicable to each premium payment. The Target Premium for the initial Coverage Layer as of the Policy Date is shown on the Policy Schedule. If You add or remove rider coverage after the Policy Date, the Target Premium for Your policy will increase or decrease if the rider has a Target Premium associated with it. If You request an increase or decrease in Specified Amount after the Policy Date, the Target Premium for Your policy will increase or decrease. We will send You an amended Policy Schedule showing the new Target Premium following any such increase or decrease. The initial Target Premium depends on the age, sex and risk class of each insured person on the Policy Date. The Target Premium for a new Coverage Layer or for rider coverage You add will depend on the age, sex and risk class of each insured person on the effective date of the Coverage Layer or rider.

Values.....

ACCOUNT VALUE. The Account Value reflects Your financial interest in the policy. The **Account Value** provision explains how to calculate the Account Value.

CASH SURRENDER VALUE. The Account Value, less any applicable Surrender Charge.

INDEBTEDNESS. The amount of any outstanding policy loan(s) plus any accrued and unpaid loan interest.

NET AMOUNT AT RISK. The amount of the Death Benefit for which We are at risk. The Net Amount at Risk on any Monthly Anniversary Day is equal to:

- (1) the Death Benefit plus Indebtedness, divided by 1.0024663; minus
- (2) the Account Value after deduction of Monthly Policy Charges, other than the Cost of Insurance Charge, on that Monthly Anniversary Day.

NET CASH SURRENDER VALUE. The Cash Surrender Value less any Indebtedness.

Charges

COST OF INSURANCE CHARGE. An amount deducted from the Account Value each Monthly Anniversary Day to pay for the cost of insurance coverage under the base policy. The Maximum Monthly Cost of Insurance Charge Rates for each policy year are shown on the Policy Schedule.

PER \$1,000 CHARGE. An amount deducted on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy. The Maximum Monthly Per \$1,000 Charge rates for the initial Coverage Layer are shown on the Policy Schedule.

PER POLICY CHARGE. An amount deducted each Monthly Anniversary Day to partially cover Our expenses of administering the policy. The Maximum Monthly Per Policy Charge is shown on the Policy Schedule.

PREMIUM EXPENSE CHARGE. An amount deducted from each premium payment before it is credited to the policy to partially cover the costs of distributing the policy. The Maximum Premium Expense Charge rates are shown on the Policy Schedule.

STATE TAX CHARGE. An amount equal to the current applicable state premium tax rate that is deducted from each premium payment before it is credited to the policy. The Maximum State Tax Charge rate is shown on the Policy Schedule.

SURRENDER CHARGE. An amount deducted from the Account Value if this policy is surrendered or terminates when a Grace Period ends without sufficient premium or loan repayment being paid to keep the policy in force. The Surrender Charges that would apply in each policy month are shown on the Policy Schedule.

This Policy Is A Contract

This policy is a contract between You and Us to insure the life of the Insured. We have issued it in reliance on the statements made in the application and in consideration for the premiums paid to Us.

Whenever We refer to the policy, We mean the entire contract. The entire contract consists of:

- the base policy;
- the attached application;
- any attached supplemental applications; and
- any attached riders, endorsements or amendments.

Riders, endorsements and amendments add provisions or change the terms of the base policy.

Ownership

Owner, Contingent Owner and Joint Owner

You have all rights in this policy, subject to any assignment and to the rights of any irrevocable Beneficiary You have named to consent to a change of Beneficiary.

If You are not the Insured, You may name a contingent Owner. If You die before the Insured, ownership would then pass to the contingent Owner. If there is no contingent Owner, Your estate would become the Owner.

This policy may be owned by two persons as joint Owners. In that case, both joint Owners must consent in writing to the exercise of any rights under the policy. You do not need the consent of a contingent Owner or a revocable Beneficiary to exercise any of Your rights. If a joint Owner dies before the Insured, ownership would pass to the surviving joint Owner(s) under a right of survivorship, unless otherwise indicated in the application or in a change of ownership notice.

You may change the Owner, or change or revoke any contingent Owner designation, at any time by written notice to Us, subject to any applicable laws or regulations. The change will take effect on the date You signed the notice, or any other date You specify, but We will not be liable for any payments We make or actions We take before We receive the notice in form satisfactory to Us at Our Home Office. A change of Owner automatically revokes any contingent Owner designation. A change of Owner, or a change or revocation of a contingent Owner designation, does not automatically change or revoke a prior Beneficiary designation.

Beneficiary

Primary Beneficiary and Contingent Beneficiary

The Beneficiary is the person to whom We pay the Death Proceeds upon the Insured's death. Unless You change them later, the primary and contingent Beneficiaries are the persons named in the application. If no primary Beneficiary is still living when the Insured dies, We will pay the Death Proceeds to any contingent Beneficiary who is still living. If there is no surviving primary or contingent Beneficiary, We will pay You. If You were the Insured, We will pay Your estate. Unless an individual has been designated as an irrevocable beneficiary prior to assignment, the interest of any Beneficiary is subject to the rights of any assignee reflected on Our records.

Two or more persons may be named as primary Beneficiaries or contingent Beneficiaries. We will pay equal shares when there is more than one Beneficiary of the same class, unless You specify otherwise on the Beneficiary designation.

No revocable Beneficiary has rights under this policy until the Insured dies. An irrevocable Beneficiary cannot be changed without his or her consent.

You may change the Beneficiary at any time before the death of the Insured, subject to the rights of any irrevocable Beneficiary, by sending written notice to Us. The change will be effective as of the date You signed the notice, or other date You specify, but We will not be liable for any payments We make or other actions We take before the notice is received at Our Home Office.

Unless You have instructed otherwise, if the Beneficiary and the Insured both die and We cannot tell who died first, We will pay the Death Proceeds as if the Beneficiary had predeceased the Insured.

Death Benefit

Death Benefit

We will pay the Death Benefit as described in the ***Payment of Proceeds*** section within 60 days after We receive proof that the Insured died while this policy was in force, and any other proof that We may require in order to investigate the claim. The Beneficiary should contact Us at the Home Office or contact one of Our agents for instructions on how to file a claim.

Qualification as Life Insurance

In order to qualify as life insurance under applicable tax laws, Your policy must satisfy either the Guideline Premium Test or the Cash Value Accumulation Test. The test that You elected in Your application is shown on the Policy Schedule. The minimum death benefit factors shown on the Policy Schedule correspond to the test You selected. You may not change the test after the Policy Date.

Death Benefit Options

The Death Benefit will be one of the following two Options, as selected by You on the application and shown on the Policy Schedule, or as subsequently changed by You. The amount payable when We receive proof of death of the Insured will be the Death Benefit valued as of the Insured's date of death. Any premiums received by Us after such date will be refunded to You.

Option 1

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

Option 2

The Death Benefit is the greater of the following, less any Indebtedness: (1) the Account Value plus the Specified Amount; or (2) the Account Value times the applicable factor from the minimum death benefit factors table shown on the Policy Schedule.

Your monthly Cost of Insurance Charge will be higher if You choose Death Benefit Option 2 because the Net Amount at Risk for Your policy will be higher. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.

Specified Amount and Death Benefit Option Changes

You may request a change in the Specified Amount or Death Benefit Option by sending notice to Us in writing at Our Home Office. Following Our approval of any such change, We will send You an amended Policy Schedule.

Increasing the Specified Amount

You may apply for an increase in the Specified Amount on a supplemental application. The maximum age at which You may request an increase is the maximum age at which we currently issue a new policy. The requested increase is subject to evidence of insurability satisfactory to Us. The minimum increase is shown on the Policy Schedule. Any increase We approve will be effective on the next Monthly Anniversary Day coinciding with or next following such approval, as shown on an amended Policy Schedule, subject to deduction of the first month's Cost of Insurance Charge for the increase from the Account Value of this policy. **An increase in Specified Amount will cause Surrender Charges to increase, which will reduce Your Net Cash Surrender Value. In addition, Cost of Insurance Charges, Per \$1,000 Charges and Premium Expense Charges will be higher. Therefore, the amount of premium You must pay to keep Your policy from terminating may increase.**

Decreasing the Specified Amount

At any time after the first policy year, You may request a decrease in the Specified Amount. Any decrease in the Specified Amount that You request will become effective on the first Monthly Anniversary Day after We receive Your request. The minimum decrease is shown on the Policy Schedule. The new Specified Amount must not be less than the minimum issue limit shown on the Policy Schedule at issue. We may limit the amount of the decrease to preserve the tax status of this policy as life insurance.

Any decrease You request will occur in the following order: first against the most recent increase in Specified Amount, if any; then in order against the next most recent increases; then finally against the initial Specified Amount.

Changing the Death Benefit Option

At any time after the first policy year, You may request a change in the Death Benefit Option. If You change the Death Benefit Option, We will increase or decrease the Specified Amount of Your policy such that the Death Benefit will be the same both immediately before and immediately after the change. If You request a change from Option 1 to Option 2, We will decrease the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. If You request a change from Option 2 to Option 1, We will increase the Specified Amount by the amount, if any, needed to keep the Death Benefit the same both before and after the change. You may not make a change in the Death Benefit Option that would reduce the Specified Amount below the Minimum Issue Limit shown on the Policy Schedule.

If You change from Option 1 to Option 2, the Net Amount at Risk for Your policy will not decrease over the life of the policy as it might have under Option 1, so You may pay higher monthly Cost of Insurance Charges in later policy years. Therefore, the amount of premium You need to pay to keep the policy from terminating may also be higher.

***Premium
Payment******Payment of Premiums***

You may make premium payments under this policy during the lifetime of the Insured. The Minimum Premium Payment is shown on the Policy Schedule. There is no maximum premium payment amount except We may refuse to accept any premium payment which would:

- (1) cause this policy to fail to qualify as life insurance under federal tax laws, unless such premium is required to keep the policy in force; or
- (2) increase the Net Amount at Risk for Your policy.

For this policy to take effect, the first premium paid must equal at least the No-Lapse Guarantee Minimum Monthly Premium as shown on the Policy Schedule for the Selected No-Lapse Guarantee. Premiums after the first are payable at Our Home Office.

Planned Premiums

Your Planned Premium and Planned Additional First Year Premium, if any, are shown on the Policy Schedule, but You are not required to make premium payments according to a set schedule. You may skip a Planned Premium payment, and You may change the frequency and the amount of the Planned Premium shown.

The amount and frequency of Your premium payments will affect Your policy values and the length of time for which You have insurance coverage. If Your Planned Premium is not enough to keep Your policy in force, You may need to change Your Planned Premium or make additional premium payments to keep Your policy from terminating.

Discontinuance of Premium Payments; Continuation of Insurance

If premium payments are not continued, insurance coverage under this policy and any benefits provided by rider will be continued until the policy lapses as described below in the ***Grace Period and Termination of Coverage*** provision. No rider will be continued beyond the termination date provided in the rider.

Grace Period and Termination of Coverage

Except as described below in the ***Guarantee of Continued Coverage*** section, on any Monthly Anniversary Day when the Net Cash Surrender Value is less than the sum of the Monthly Policy Charges for the current month, We will allow a Grace Period. We will mail You, and anyone shown on Our records as holding this policy as collateral, a notice indicating the minimum premium You must pay in order to keep the policy in force. The amount of premium needed to keep this policy in force will be the lesser of:

- (1) an amount of premium which will result in a Net Cash Surrender Value sufficient to pay all Monthly Policy Charges due through the end of the Grace Period; or
- (2) the minimum premium needed under the ***Guarantee of Continued Coverage*** section to keep the policy in force through the end of the Grace Period.

You will have 61 days from the date We mail You this notice to pay or mail enough premium. If You do not pay or mail the needed premium within the 61-day Grace Period, all coverage provided by this policy will terminate without value at the end of the 61-day period. Any payments sent by U.S. mail shall be postmarked within the Grace Period. If the Insured dies during the Grace Period, the proceeds paid will be reduced by the amount of any unpaid charges due through the date of death, not to exceed three times the sum of the Monthly Policy Charges, or the amount of minimum premium needed under the ***Guarantee of Continued Coverage*** section to keep the policy in force through the date of death, if less. We will not terminate this policy until at least 61 days after We mail You and anyone shown on Our records as holding this policy as collateral, notice at the last addresses shown on Our records.

Reinstatement

If the Grace Period expires and Your policy terminates because You have not paid the needed premium, You may apply to reinstate the policy within five years after the expiration of the Grace Period if the Insured is still living. The reinstatement is subject to evidence of insurability satisfactory to Us.

The amount of premium needed to reinstate this policy will be the lesser of:

- (1) An amount of premium which will result in a Net Cash Surrender Value sufficient to pay all accrued and unpaid costs and charges that would have been subtracted from the Account Value if there had been sufficient value on each Monthly Anniversary Day accrued through the end of the Grace Period, plus an amount sufficient to cover the Monthly Policy Charges for three months beyond the date of reinstatement; or
- (2) The minimum premium needed under the **Guarantee of Continued Coverage** section to keep the policy in force for three months beyond the date of reinstatement as if there had been no lapse.

You must also repay or reinstate any Indebtedness that existed at the time of the termination. The reinstatement will be effective on the Monthly Anniversary Day on or following the date the application for reinstatement is approved by Us. The Account Value on the date of reinstatement, prior to the crediting of any Net Premium paid on the reinstatement, will be equal to the Account Value on the date the policy terminated.

Following a reinstatement, Surrender Charges will continue to apply from the Policy Date as if there had been no lapse. We will restore any Surrender Charges deducted from Your policy at the time of lapse.

Guarantee of Continued Coverage

Selected No-Lapse Guarantee

The Selected No-Lapse Guarantee is shown on the Policy Schedule.

During the Selected No-Lapse Guarantee Period shown on the Policy Schedule, We guarantee that this policy will not terminate or begin the Grace Period if, on the Monthly Anniversary Day a Grace Period would otherwise begin, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including withdrawal fees), plus interest accrued daily on the balance at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium for the Selected No-Lapse Guarantee in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse

Alternative No-Lapse Guarantee

This provision is not applicable to Your policy if Your Selected No-Lapse Guarantee is lifetime.

If Your Selected No-Lapse Guarantee is other than lifetime, You may choose to pay additional premium to guarantee coverage for the Insured's lifetime. See the No-Lapse Guarantee page in the Policy Schedule for information on payment requirements including the No-Lapse Guarantee Continuation Premium and the No-Lapse Guarantee Minimum Monthly Premium.

The No-Lapse Guarantee Continuation Premium is the amount of additional premium required to pass the Alternative No-Lapse Guarantee test below at the end of the Selected No-Lapse Guarantee Period. The Maximum No-Lapse Guarantee Continuation Premium is shown on the Policy Schedule. Subsequent additional premium may be required to pass the Alternative No-Lapse Guarantee test on future Monthly Anniversary Days.

You may choose to pay the No-Lapse Guarantee Continuation Premium prior to the end of the Selected No-Lapse Guarantee Period, in which case the No-Lapse Guarantee Continuation Premium will be less than the Maximum No-Lapse Guarantee Continuation Premium. If You choose to pay additional premium for the Alternative No-Lapse Guarantee, please contact Us for the amount of additional premium to pay.

Beginning on the Policy Date and continuing for the lifetime of the Insured, We guarantee that this policy will not terminate or begin the Grace Period if, on the Monthly Anniversary Day a Grace Period would otherwise begin, (1) is equal to or greater than (2), where:

- (1) is the sum of the premiums paid, less any withdrawals (including Withdrawal Fees), plus interest accrued daily on the balance at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium, less the amount of any Indebtedness; and
- (2) is the sum of the No-Lapse Guarantee Minimum Monthly Premium for the Alternative No-Lapse Guarantee in effect on each Monthly Anniversary Day through and including the Monthly Anniversary Day on which the Grace Period would begin, plus interest accrued daily on each such premium from the Monthly Anniversary Day it is due at the Effective Annual Rate shown on the Policy Schedule as the Accumulation Rate for No-Lapse Guarantee Minimum Monthly Premium.

It is important to review Your Annual Report and its No-Lapse Guarantee Values because Your policy value at the end of the guarantee period may be insufficient on a guaranteed basis to keep the policy in force unless an additional premium payment is made at that time.

Following a reinstatement, the above test will continue to apply from the Policy Date as if there had been no lapse.

Policy Values

Account Value

The Account Value on the Policy Date shall be the Net Premium received for this policy on or before the Policy Date less the Monthly Policy Charges due on the Policy Date. On any other day, the Account Value will be:

- (1) the Account Value on the preceding Monthly Anniversary Day plus interest thereon to the current day; plus
- (2) any Net Premium received since the preceding Monthly Anniversary Day and interest thereon from the date of receipt to the current day; less
- (3) any withdrawal (including any withdrawal fee) paid since the preceding Monthly Anniversary Day and interest thereon from the date of payment to the current day; less
- (4) any Monthly Policy Charges due.

Interest Rate

Your Account Value will earn interest. Interest will be credited to Your Account Value on each day after the Policy Date as described in the ***Account Value*** provision. We guarantee that this interest rate will never be less than the effective annual rate shown on the Policy Schedule as the Minimum Guaranteed Interest Rate. We may, but are not required to, credit interest at current rates in excess of the guaranteed rate. Any such current interest rate will be determined by a prospective (not retrospective) assessment by Us of investment conditions. The current interest rate may vary by the size of the Account Value and the length of time the policy has been in force. We can apply a different rate of interest to that portion of the Account Value that is equal to Indebtedness, but it cannot be less than the Minimum Guaranteed Interest Rate.

Cash Surrender Value

The Cash Surrender Value of this policy is the Account Value, less any applicable Surrender Charge, as described in the ***Surrender Charge*** provision.

Net Cash Surrender Value

The Net Cash Surrender Value of this policy is the Cash Surrender Value less the amount of any Indebtedness.

Withdrawal

At any time after the first policy year, You may withdraw part of the Account Value of this policy by written notice to Us. The minimum amount of any withdrawal is shown on the Policy Schedule. No withdrawal can be made which would reduce the Net Cash Surrender Value to less than the Minimum Net Cash Surrender Value shown on the Policy Schedule. We will charge a Withdrawal Fee for each withdrawal after the first in a policy year. The amount of the Withdrawal Fee is shown on the Policy Schedule.

The amount withdrawn (including any applicable withdrawal fee) will be deducted from the Account Value. A deduction from the Account Value will reduce the Death Benefit.

In addition, unless the Death Benefit is Death Benefit Option 2, We will reduce the Specified Amount to the extent necessary such that the difference between the Death Benefit and the Account Value will be no greater immediately after the withdrawal than it was before the withdrawal. You may not make a withdrawal that would reduce the Specified Amount below the minimum issue limit shown on the Policy Schedule.

We may defer the payment of any withdrawal for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Full Surrender

You may surrender this policy for the Net Cash Surrender Value by written notice to Us. The amount We pay to You will be the Net Cash Surrender Value as of the date We process the written notice. We will pay proceeds as described in the ***Payment of Proceeds*** section.

Upon surrender within 30 days of a policy anniversary, the Cash Surrender Value under the policy will not be less than the Cash Surrender Value on such anniversary.

Loans

Right to Borrow and Maximum Loan

You may request a loan from Us. The maximum cumulative loan amount available under this policy, including any Indebtedness, may not exceed the Cash Surrender Value, less an amount equal to the Monthly Policy Charges for the next two months, and less the amount of loan interest on such maximum cumulative loan to the next policy anniversary. Indebtedness is secured by a first lien on this policy and any amounts payable under this policy. This policy will be the only security We require for the loan.

We may delay granting any loan for up to six months except for a loan to pay premiums on this policy or any other policy We issue. Any delay will be on a nondiscriminatory basis toward You.

Loan Interest

The Maximum Loan Interest Rate We charge is shown on the Policy Schedule. Loan interest is charged in arrears and is due on each Policy Anniversary and on the date the loan is repaid in full. The amount of any loan interest charged on the loan that is not paid when due will be treated as an additional loan.

Policy Termination

If the Indebtedness exceeds the Cash Surrender Value on any Monthly Anniversary Day, We will terminate this policy. We will not do this, however, until 61 days after We mail notice to You indicating the minimum amount of loan repayment that must be made in order to keep this policy in force. We will mail the notice to You, and to anyone shown on Our records as holding this policy as collateral, at the last addresses shown on Our records. A termination under this provision will not reduce the Grace Period described in the ***Grace Period and Termination of Coverage*** provision.

Repaying Loans

Loans can be repaid in whole or in part at any time during the lifetime of the Insured. Any Indebtedness not repaid will reduce the amounts payable upon surrender of the policy or at the death of the Insured.

All payments We receive from You will be credited to Your policy as premium unless You give Us written notice that the payment is for loan repayment. Loan repayments will first be applied to pay accrued but unpaid interest on the loan. The balance will reduce the outstanding balance of Your loan.

Policy Costs and Charges

Premium Charges

We deduct certain charges from premium payments when We receive them to partially cover Our expenses of distributing the policy. These charges are 1) the Premium Expense Charge and 2) the State Tax Charge.

Premium Expense Charge

We deduct a Premium Expense Charge from each premium payment received. This charge is deducted before the premium payment is credited to the policy.

The Maximum Premium Expense Charge rates are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

The Maximum Premium Expense Charge rates differ based on the following:

- The length of time a Coverage Layer has been in effect.
- The amount of the Target Premium for a Coverage Layer.

To determine the amount of the Premium Expense Charge deducted from each premium payment, We do the following:

- (1) We allocate the premium payment to each Coverage Layer in the same proportion as the Target Premium for a Coverage Layer bears to the total Target Premiums for all Coverage Layers.
- (2) We determine the coverage year for each Coverage Layer.
- (3) For each Coverage Layer, We determine the portions of the premium payment allocated to the Coverage Layer in its current coverage year that are below and above the Target Premium for that Coverage Layer.
- (4) We multiply each portion of the premium payment allocated to the Coverage Layer by the applicable Premium Expense Charge rate.
- (5) We add together the Premium Expense Charges for all of the Coverage Layers.

State Tax Charge

To cover state premium taxes associated with distribution of this policy, We will deduct a State Tax Charge from each premium received. This charge is deducted before the premium payment is credited to the policy. To determine the amount of the charge, We multiply the amount of the premium payment by the applicable State Tax Charge rate. The State Tax Charge rate We charge will vary by state to reflect the rate of premium tax charged by each state. We guarantee that the rate will never exceed the Maximum State Tax Charge Rate shown on the Policy Schedule.

Monthly Policy Charges

We deduct certain charges from Your Account Value on each Monthly Anniversary Day to partially cover Our expenses of distributing, issuing and administering the policy, and to cover the cost of providing the base policy life insurance and rider benefits to You. These charges are 1) the Cost of Insurance Charge; 2) the Per Policy Charge; 3) the Per \$1,000 Charge; and 4) monthly charges for any riders.

Cost of Insurance Charge

We will deduct a Cost of Insurance Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Cost of Insurance Charge Rates for each policy year are shown on the Policy Schedule. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Net Amount at Risk for Your policy as of that Monthly Anniversary Day by 1000 and multiply by the Monthly Cost of Insurance Charge Rate for the applicable policy year.

The current monthly Cost of Insurance Charge rates for Your policy depend on the age, sex and risk class of the Insured on each policy anniversary. Any change in the current monthly Cost of Insurance Charge rates will be on a non-discriminatory basis toward any Insured and will apply equally to all Insureds of the same age, sex and risk class whose coverage has been in effect for the same length of time.

Per Policy Charge

We will deduct a Per Policy Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Per Policy Charge is shown on the Policy Schedule. At Our option, We may charge less than the maximum amount shown.

Per \$1,000 Charge

We will deduct a Per \$1,000 Charge from Your Account Value on each Monthly Anniversary Day. The Maximum Monthly Per \$1,000 Charge Rates for the initial Coverage Layer are shown on the Policy Schedule. If You increase the Specified Amount, We will send You a new Policy Schedule showing the Maximum Monthly Per \$1,000 Charge rates for the new Coverage Layer. At Our option, We may charge less than the maximum rates shown.

To determine the amount of the charge on any Monthly Anniversary Day, We divide the Specified Amount for each Coverage Layer by 1000 and multiply by the monthly Per \$1,000 Charge rate applicable to that Coverage Layer. We then add together the charges for each Coverage Layer.

If the Specified Amount for an existing Coverage Layer is increased due to a Death Benefit Option change, or if the Specified Amount is decreased for any reason, the monthly Per \$1,000 Charge will continue to be calculated as if the increase or decrease had not occurred.

The Maximum Monthly Per \$1,000 Charge rate for a Coverage Layer depends on the age, sex and risk class of the Insured on the Policy Date or effective date of a Coverage Layer.

Rider Charges

Charges for any riders You add to Your policy are described in the applicable rider. Maximum rider cost of insurance charges will be shown in the Policy Schedule.

Surrender Charge

For a certain period following the Policy Date or the date of any increase in Specified Amount, We will deduct a Surrender Charge from Your Account Value if either of the following occurs:

- (1) You surrender Your policy; or
- (2) a Grace Period ends without sufficient premium or loan repayment being paid to Us to keep the policy in force.

The amount of the Surrender Charge that would apply in each policy month of Your policy is shown on the Policy Schedule at issue. If You request an increase in Specified Amount, new Surrender Charge amounts will apply to the increase. We will add these Surrender Charges to the original Surrender Charges and send You an amended Policy Schedule showing the new Surrender Charge amounts that apply in each remaining Policy Month.

The Surrender Charge amounts depend on the age, sex and risk class of the Insured on the Policy Date or the date of any increase in Specified Amount.

Payment of Proceeds

Policy Proceeds

The proceeds of this policy may be either Death Proceeds, payable to the Beneficiary upon the death of the Insured, or Net Cash Surrender Value proceeds, payable to You if this policy is canceled for its Net Cash Surrender Value during the lifetime of the Insured.

How We Pay

Proceeds may be paid in a lump sum or under one or more Income Plans. The Income Plans are described in the **Choosing an Income Plan** section.

Net Cash Surrender Value proceeds will be due on the date We receive Your written request at Our Home Office. We may defer the payment of Net Cash Surrender Value proceeds for a period of up to six months from the date of Our receipt of the notice giving rise to such payment. Any delay will be on a nondiscriminatory basis toward You.

Death Proceeds will be due on the date of the Insured's death. We will make payment within 60 days following receipt of due proof and any other proof that We require in order to investigate the claim.

We will pay interest from the date of death or other date proceeds are due to the date of payment. The interest rate will be equal to the rate applicable to the policy for funds left on deposit as of the date of death.

Additional interest on the Death Proceeds at the rate of 10% per annum will be paid beginning with the date that is 31 calendar days from the latest of Our receipt of items (1), (2) and (3) below, to the date of payment, where (1), (2) and (3) are:

- (1) the date that due proof of death is received by Us;
- (2) the date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (3) the date that legal impediments to payment or proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to:
 - (a) the establishment or guardianship and conservatorships;
 - (b) the appointment and qualification of trustees, executors and administrators; and
 - (c) the submission of information required to satisfy state and federal reporting requirements.

Choosing an Income Plan

You may choose an Income Plan for Net Cash Surrender Value proceeds or for Death Proceeds during the lifetime of the Insured. If You choose an Income Plan, a Beneficiary may not change it. If You do not choose an Income Plan before the Insured dies, the Beneficiary can choose one after the death of the Insured. If the Beneficiary does not choose an Income Plan within 60 days after the date proceeds are due, We will pay the proceeds in a lump sum. An Income Plan is not available for a payee who is a fiduciary or a non-natural person without Our consent. For each Income Plan We may issue a separate written agreement putting the Income Plan into effect. The minimum amount that may be applied under an Income Plan is shown on the Policy Schedule. Each payment must be at least the Minimum Payment Amount shown on the Policy Schedule. We may make less frequent payments if payments to be made would be less than the Minimum Payment Amount.

The Income Plans

In addition to the Income Plans shown on the Policy Schedule, other Income Plans may be available. The Income Plans are described in terms of monthly payments. You may request quarterly, semi-annual or annual payments instead of monthly payments. We will quote the amount of the other payments upon request.

We guarantee interest under the Income Plans at the minimum effective annual income plan interest rate shown on the Policy Schedule. We may increase the interest rate above the minimum. Payments will be based on the interest rate in effect on the date of the first payment. Life contingent payments will be based on the Income Plan Mortality Table shown on the Policy Schedule.

Commutation of Income Plans

No payment and no amount held under an Income Plan may be transferred or withdrawn before its due date. However, the right to transfer or withdraw may be made a part of any Income Plan, if We agree.

General Provisions

Annual Report

At least once a year We will send You an Annual Report dated not more than four months prior to the date of mailing. There is no charge for this report. The report will show the beginning and end dates of the report, and contain the following information:

- (1) the Account Value, if any, at the beginning of the current report period and at the end of the current report period;
- (2) The amounts that have been credited or debited to the Account Value during the current report period. These amounts include premium payments, interest credits, expense charges, cost of insurance charges, cost of riders, withdrawals and fees;
- (3) The current death benefit as of the end of the current report period;
- (4) The cash value, if any, at the end of the current report period;
- (5) The amount of outstanding loans, if any, at the end of the current report period.

Any other information required by applicable law will also be included in the Annual Report.

Projection of Benefits and Values

You may request other information about this policy, including a projected illustration of policy benefits and values, based upon assumptions as are necessary and specified by Us and/or You. The first projected illustration each year is provided at no cost. After that, We may charge a fee not to exceed the Maximum Illustration Fee shown on the Policy Schedule to provide subsequent illustrations. We may limit the number of illustrations We will provide in a policy year.

Reliance

We have issued this policy in reliance on the answers You have provided to Us in the application and in any supplemental applications. In the absence of fraud, these answers are deemed to be representations, and not warranties. We have assumed that all these answers are true and complete to the best of Your knowledge and belief. If they are not, We may contest the validity of this policy as explained in the ***Limits on Our Contesting This Policy*** provision. If that occurred, We would send back all the premiums You had paid, or the monthly costs of insurance charges for any rider We contest.

Juvenile Insureds

If the Insured was less than 20 years of age on the Policy Date, We will notify the Insured at least 30 days before the policy anniversary on which the Insured will be age 20 that the Insured may apply for non-tobacco user status. If the Insured does not respond to the notice by the policy anniversary on which the Insured will be age 20, or if the Insured does not meet Our criteria for non-tobacco user status, We will assign the Insured to Our uniform default classification of tobacco user status. If the Insured applies for non-tobacco user status, the application will become part of the application for the policy.

If the Insured is reclassified as a non-tobacco user at reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule. The reduced rates will be effective on the age 20 anniversary. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Tobacco Use Reclassification

After the policy anniversary on which the Insured is age 20, You may apply for reclassification of the Insured from tobacco user to non-tobacco user by completing a form provided by Us. If You apply for a reclassification, the application will become part of the application for the policy. If the Insured meets Our criteria for non-tobacco user reduced Cost of Insurance Charge rates based upon the application, We will send an amended Policy Schedule. The reduced rates will be effective on the Monthly Anniversary Day following Our receipt of the application. We will not contest the amount of insurance attributable to the reduction in Cost of Insurance Charge rates after the reduced rates have been in effect during the Insured's lifetime for two years from the date of the reduction.

Reclassification will be based upon Our general underwriting rules in effect at the time of the application, which may include criteria other than smoking and/or tobacco use status and may include a definition of smoker and/or tobacco use different from that at issue. No information provided in the application will be used to assign the Insured to a less favorable classification.

Limits on Our Contesting This Policy

No statement will be used in contesting this policy unless it is in an application or supplemental application and a copy of such application is attached to this policy. No statement will be used in contesting a rider unless it is in an application or supplemental application for such rider and a copy of such application is attached to this policy. This provision shall not apply to any agreement providing benefits in event of disability or in event of death from accidental means.

Except for fraud in the procurement of the policy where permitted by law, We will not contest this policy to the extent of the initial Specified Amount after it has been in effect during the Insured's lifetime for two years from the Policy Date. We will not contest the validity of any increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years from the effective date of the increase. Unless otherwise provided in the rider, We will not contest any rider attached to this policy after the rider has been in effect during the Insured's lifetime for two years from the effective date of the rider.

Except for fraud in the procurement of the policy where permitted by law, We will not contest this policy with respect to statements made in an application for reinstatement after the policy has been in effect during the Insured's lifetime for two years from the effective date of the reinstatement. Any premium refund will be limited to those paid on or after the effective date of the reinstatement.

Suicide

We will pay only a limited benefit if the Insured commits suicide while sane or insane, within two years from the Policy Date. If the policy is in force, We will return the premiums You paid, less: (1) the amount of any Indebtedness; (2) any withdrawal amount (including withdrawal fees); and (3) all monthly costs of insurance on all persons other than the Insured ever covered by rider. If the amount of the Net Cash Surrender Value is larger, We will pay it instead.

We will not pay with respect to any increases in the Specified Amount if the Insured commits suicide while sane or insane, within two years from the effective date of any such increase. If the policy is in effect and the Insured commits suicide more than two years after the Policy Date and within two years after the date of an increase in Specified Amount, We will return the monthly costs of insurance charged for such increase.

This provision also applies to any rider attached to this policy. The two-year period will be measured from the rider's date of issue.

Error in Age or Sex

If the Insured's age or sex as stated in the application is wrong, it could mean the Monthly Policy Charges are wrong and that policy values have to be recalculated. The same is true for the age or sex of any other person insured by a rider to this policy. If the error is discovered while the Insured is still living, We will adjust the Account Value to the amount it would have been if the monthly Cost of Insurance Charges for the correct age and sex of the Insured had been applied from the Policy Date. If the error is discovered after the death of the Insured, We will adjust the amount of the Death Proceeds payable to the amount that the monthly Cost of Insurance for the month of death would have purchased at the most recent correct age and sex.

Claims of Creditors

The proceeds of this policy will be paid free from the claims of creditors to the extent allowed by law.

Assignment

You may assign this policy as collateral, subject to the rights of any irrevocable Beneficiary, by giving Us written notice of the assignment. Such an assignment does not change the ownership of the policy, but Your rights and any Beneficiary's rights will be subject to the terms of the assignment. We will not be responsible for the validity of an assignment. The assignment will be effective on the date You signed it, unless You specify otherwise, subject to any payments We make or actions We take before We receive written notice.

Required Note on Our Computations

Calculations are based on the Mortality Tables and minimum guaranteed interest rate(s) shown on the Policy Schedule. We have filed a detailed statement of Our computations with the applicable State Insurance Department. The values under this policy are not less than those required by the law of the state where the policy is delivered. Any benefit provided by an attached rider will not increase these values unless stated in the rider.

Authority to Make Agreements

All agreements made by Us must be in writing and signed by Our president, a vice president, Our secretary or an assistant secretary. No other person, including an insurance agent, can change any of this policy's terms, extend the time for paying premiums, or make any other agreement that would be binding on Us.

Conformity with Laws

We reserve the right to make any changes necessary to comply with any federal or state statute, rule or regulation, subject to regulatory approval, if required. We do not need Your consent to make such changes.

When In Force

The policy will take effect on the date You have received it, satisfied all delivery requirements, and paid the minimum initial premium as described in the ***Payment of Premiums*** provision while the Insured is living and in the same state of health as indicated in the application. It will take effect anew on any reinstatement date. The policy will be in force from the time it takes effect until it ends as described in the ***Termination*** provision.

Termination

This policy will terminate and all insurance coverage under the policy will stop: (1) as of the date We receive notice from You requesting full surrender of the policy; (2) as of the date the Insured dies (although some riders may provide benefits for other covered persons beyond the Insured's death); (3) as of the date the Grace Period expires without payment of the needed premium; or (4) as of the date 61 days after We mail You notice that the amount of the Indebtedness exceeds the Cash Surrender Value less the Monthly Policy Charges without payment of the needed loan repayment.

Notices

Whenever written notice is required, send it to Our Home Office. The address of Our Home Office is shown on the front of this policy. Please include the policy number in Your correspondence.

Nonparticipating

This policy and any riders attached to it are issued at a nonparticipating rate and shall not share in Our surplus earnings.

Columbus Life Insurance Company
[400 East Fourth Street, P.O. Box 5737
Cincinnati, Ohio 45207-5737

1-800-677-9696
www.ColumbusLife.com]

Flexible Premium Adjustable Life Insurance Policy
Issued on Insured in Risk Class Shown on Policy Schedule
Death Benefit Payable at Death of Insured
No-Lapse Guarantee with Minimum Monthly Premium
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